

Ankle fusion

What is an ankle fusion?

Orthopaedic Department Patient Information Leaflet



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This is an operation to stiffen the ankle joint and prevent movement. It involves removing the cartilage from between the bones of your ankle.

The bone ends are then fixed to each other with screws or plates. Sometimes bone grafts from the hip region may be used to enhance the fusion.

Ankle fusion is also known as ankle arthrodesis.

When is it done?

This procedure is done for a painful arthritic ankle joint, where other treatment options like joint replacement is not suitable and more conservative treatments such as anti-inflammatory medication, anaesthetic injections and arthroscopy have been tried without success.

The overall aim is to reduce the pain caused by the arthritis. The ankle joint is made completely stiff, but you will still be able to move the joint below the ankle and the joints in the foot.

How is it done?

This is done either by opening the ankle joint or through a keyhole operation, depending on the individual circumstances.

An incision (cut) is made over the front of the ankle. The damaged joint surfaces are prepared and packed with bone graft. The joint is then held together with screws.

The operation takes about 1½ to 2 hours and is done under a general anaesthetic (you are asleep) or a spinal anaesthetic (you are awake but the area is numbed and you may be drowsy).

You will be admitted on the day of operation and kept in for 1 or 2 nights depending on your pain control and mobility.

After the operation

You will have moderate to severe pain to the scale of 8/10 and will be given adequate painkillers.

You will need some painkillers for the first few days. You need to keep your foot elevated for the first few days until the swelling settles.

Your leg will be in plaster or a boot for 6 to 12 weeks. You will need to use crutches and make sure you put no weight on the operated leg for a period of 6 to 12 weeks.

You will then be followed up in clinic in 10 to 14 days later to check your wound and change your plaster and again at 6 weeks and 12 weeks to assess the healing.

Your foot needs to be protected until your bones have fused, which sometimes takes longer than 12 weeks.

You may need 12 weeks of time off work depending on the nature of your job.

You will not be able to drive until you can successfully complete an emergency stop without any pain in your foot.

What risks are there involved in the procedure?

- Bleeding from the incisions.
- Delayed wound healing.
- Infection.
- Pain.
- Injury to nerves – Numbness or tingling can occur at the wound or in the foot. This is usually temporary but in some it may be permanent.
- Blood clots - Deep vein thrombosis (DVT) or pulmonary embolism (PE) is rare. If you or your family have a history please let us know.
- Non union (where the joint does not fuse).

If there is anything you do not understand or if you have any questions or concerns, please feel free to discuss them with your doctor or nurse.

Useful contact details

Appointments Office:

Telephone: 01253 953540

Hospital Switchboard: **01253 300000**

Patient Relations Department

The Patient Relations Department offer impartial advice and deal with any concerns or complaints the Trust receives. You can contact them via:

Tel: **01253 955589**

Email: **patient.relations@bfwh.nhs.uk**

You can also write to us at: **Patient Relations Department, Blackpool Victoria Hospital, Whinney Heys Road, Blackpool FY3 8NR**

Further information is available on our website: **www.bfwh.nhs.uk**

References

This leaflet is evidence based wherever the appropriate evidence is available, and represents an accumulation of expert opinion and professional interpretation. Details of the references used in writing this leaflet are available on request from: **Procedural Document and Leaflet Coordinator 01253 953397**

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Our Four Values:



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