

Patient Information Leaflet

## Ankle Fusion Operation: Arthrodesis

**Produced By: Orthopaedic Department**

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**If you require this leaflet in another language, large print or another format, please contact the Quality Team, telephone 01983 534850, who will advise you.**

### **What is arthrodesis?**

You have developed arthritis in your ankle. The surfaces of your joint are no longer smooth. The bones are rough and the cartilage lining has worn away. As a result, your ankle is painful and stiff. To cure this pain the joint is surgically stiffened to prevent movement and, thereby remove the pain.

### **The operation**

The main aim of the operation is to stop the pain in your ankle. The ankle joint will be made completely stiff, but you will still be able to move the joint below the ankle and the joints in the foot. This operation is called either a fusion of the ankle, or arthrodesis. You will have a general or spinal anaesthetic. A few cuts are made over your ankle, leg and possibly heel. The damaged joint surfaces of your ankle are removed.

A separate cut may be made over the rim of your pelvic bone to take a bone graft. This is so that bone can be taken from your pelvis and used to fill any gaps between the bones in your ankle. The bones may then be held together in a number of ways. Often screws are used but sometimes metal nails or external clamps. The skin is closed up with stitches. A plastic tube drain may run from the wound through the skin. We then put on a plaster cast up to your knee.

You will usually be in hospital for three to five days following your operation. You may go home when you can walk safely with crutches, though you will not initially be allowed to take weight on the operated side.

### **Before the operation**

If applicable, you should stop smoking and get your weight down. If you know that you have problems with your blood pressure, your heart, or your lungs, ask your family doctor to check that these are under control. Check the hospital's advice about taking the pill or hormone replacement therapy (HRT).

You will be asked to attend a pre-admission clinic, where you visit for an hour or two, a week or so before the operation. This is so you can be checked for past illness and to have any necessary special tests.

Check you have a relative or friend who can come with you to hospital, take you home, and look after you for the first week after the operation.

Bring all your tablets and medicines with you to hospital

### **Giving your consent**

Before a doctor or other health professional examines or treats you, they need your consent. You will be asked to sign a consent form. If you later change your mind, you are entitled to withdraw consent – even after signing, but before your operation.

In addition to this, please ask the staff looking after you if you require a sickness certificate.

### **Are there any alternative treatments?**

Steroid injections into your ankle will not give permanent pain relief. Physiotherapy will not lessen the pain on a long term basis. If the pain in your ankle interferes with your life and the x-rays show that the joint is severely damaged, then you should have your ankle fused. Replacement ankle joints are being developed but are still experimental and not generally available.

### **After — in hospital**

The wound may be painful. You will be given injections or tablets to control this. Ask for more if the pain is unpleasant. A general anaesthetic will make you slow, clumsy and forgetful for about 24 hours. You will be able to drink within an hour or two of the operation provided you are not feeling sick.

The next day you should be able to manage normal food. The wounds will have simple adhesive dressings over them. The nurses will remove your wound drain the day after your operation. This does not hurt too much. Your stitches may need to be taken out 10 to 12 days after the operation.

You must not put weight on your foot until the doctor tells you, this is usually 6 to 12 weeks after the operation. The physiotherapist will teach you to get around with a frame or crutches. You must not let your plaster cast become wet. You must not get your leg wet if you have an external fixator on. You will be given an appointment to visit the Orthopaedic Out Patient Department about six weeks after your operation.

### **After — at home**

When you go home, you should be able to move around the house using the crutches. You should not put weight on the ankle. You will not be able to go shopping please make arrangements for friends or family to shop for you.

The plaster will probably be changed at 6 weeks, when you could start putting weight on the ankle as long as it is healing well. You may be able to return to work depending on your job, and how you get to work. You cannot drive or use public transport.

The plaster may be finally taken off at about 12 weeks.

You should not do manual work until your ankle is solidly fused. You may never be able to perform heavy manual tasks following your operation.

Your leg will continue to improve for at least one year.

You must not drive until you have been told that your ankle is soundly fused. You are unlikely to drive for at least four months after your operation.

### **Possible complications**

Wound infection sometimes happens. You will be given antibiotics to try and prevent this.

It is possible that a blood clot may develop in the veins of your calf (Deep Vein Thrombosis). Special medication will be used to try and prevent this.

The bones may not fuse. If this happens, a further operation would be necessary. The success rate for fusion is about 70%

### **General Advice**

The operation is a major one. We hope these notes will help you through your operation. They are a general guide. They do not cover everything. Also, all hospitals and surgeons vary a little. If you have

any queries or problems, please ask the doctors or nurses. You may contact the Orthopaedic Nurse Specialists, 8am-4pm, Monday-Friday on 01983 534064.

Valuables should not be brought into the hospital. If patients have to bring in valuable items they should ask a nurse to store them safely and request a receipt for the items. You may not be able to have the valuable items returned if the time of discharge from hospital is out of hours.

We are sorry but the Trust cannot accept responsibility for loss or damage to items not given for safe keeping.

You can get further information on all sorts of health issues through NHS interactive available through Sky TV or online at: <http://www.nhsdirect.nhs.uk/>

For Health advice and out of hours GP service please call the NHS 111 service on: 111

### **We Value Your Views On Our Service**

If you wish to comment on the care which you, your relative or friend has received, we will be pleased to hear from you. Please speak to the person in charge of the ward, clinic or service in the first instance or ask them to contact the Quality Team. If you wish to contact them directly, telephone on 534850.

Alternatively you may prefer to write to:

Chief Executive  
Isle Of Wight NHS Trust  
St Mary's Hospital  
Newport  
Isle of Wight  
PO30 5TG

You can also share any concerns you have about our services with the Care Quality Commission (CQC) on 03000 61 61 61 or at [enquires@cqc.org.uk](mailto:enquires@cqc.org.uk)

All NHS sites are no smoking areas.

If you would like help and advice to stop smoking please call: Freephone 0800 169 0 169 to talk to the NHS Smoking Helpline.

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