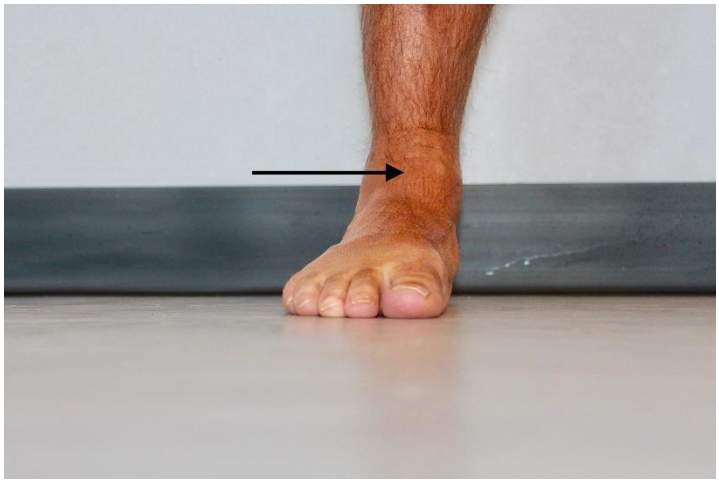
NIKHIL NANAVATI

Ankle arthritis



Introduction

The ankle is one of the most common joint to experience arthritis due to its very unforgiving nature. It is a highly complex joint which does not allow for any imperfections in contact areas which means that it is susceptible to 'wear and tear.' Inflammatory conditions such as Rheumatoid arthritis can also affect this joint. Patients may also develop arthritis in the joint following an injury or break to any bones around the joint and this is known as 'post-traumatic' arthritis.

Treatment

There are multiple treatments available for ankle arthritis ranging from brace supports to surgical fusion or ankle replacements. Each treatment should be tailored to patient-specific needs and requirement.

Brace supports: There are devices available which hold the ankle in a fixed position to prevent it moving and therefore limit pain from this joint

Injection: Injections with steroid and anaesthetics can be performed under X-ray guidance at regular intervals.

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Surgery (keyhole) – Arthroscopic debridement: If the arthritis is at an early stage, the patient is relatively young or if there is a small isolated area causing symptoms then keyhole assessment and 'cleaning out' the joint may be the best interim measure. This will allow continued movement of the joint and provide short/medium-term pain relief.

Surgery – Ankle fusion (key-hole or open): The wear and tear from the ankle is removed and the 2 bone ends (which made up the joint) are tricked into thinking they belong together causing them to fuse into a fixed position. This procedure can be performed either with key-hole surgery (see 'Arthroscopy' information sheet) or as an open procedure.

Surgery – Ankle replacement: This procedure removes the wear and tear from the ankle and replaces the 2 bone ends with metal components. The aim of this procedure is to allow continued range of motion rather than the ankle joint being fixed.

Common questions about ankle fusions and ankle replacements:

Which is the best treatment?

This is a tricky question to answer given that we don't have that much data on ankle replacements given that they are a relatively new treatment. Ankle fusion is a procedure that has stood the test of time – it relieves pain, usually doesn't require any further procedures and can be performed through key-hole surgery (where possible). Ankle replacement can maintain motion but if patients experience problems then it may be that a fusion procedure is necessary which means that patients require 2 major operations rather than one.

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Can I still move my foot up and down after an ankle fusion?

Once out of a cast, the ankle joint should be solid but there will still be an 'up and down' motion at the talonavicular joint which is one of the joints below the ankle. This joint will compensate as much as possible to allow a degree of 'up and down' motion.

Can I drive after an ankle fusion?

Once out of a cast, you will be able to drive due to the compensatory motion at the talonavicular joint (as described above)

What activities can I do after an ankle fusion?

Remember that this procedure is primary performed to relieve pain rather than maintain motion. Many patients can still perform light exercises such as jogging, cycling, doubles tennis and ball-room dancing.

After the operation

Arthroscopic (key-hole) ankle fusions

Patients have a plaster cast on for 3 months in total. After 2 weeks, patients will be seen in the plaster room for an inspection of wounds and change of cast. Patients should not put weight through the affected side for 6 weeks and will be seen in the clinic with an X-ray at this point. If this X-ray is satisfactory, patients can then start to walk in their cast for a period of 6 weeks.

Another check X-ray will be performed at the 3 month mark. If this X-ray is satisfactory, the plaster cast can be removed. Patients will normally require at least 6 weeks of medication to reduce the risk of blood clots.

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Open ankle fusions

Patients will generally have larger scars and healing of bone and wounds may take slightly longer but generally the plan following the operation is like that of a key-hole fusion procedure.

Ankle replacement

Patients will be kept in half a cast for 2 weeks to allow the wounds to heal and minimise the swelling. After 2 weeks the cast will be removed, the wounds inspected, and patients can start to move the ankle (with physiotherapy assistance). Patient cannot put weight through the joint for a period of 6 weeks and will normally require at least 6 weeks of medication to reduce the risk of blood clots.

Patients will also be provided with a personalised treatment plan following their individual operations.