

Total Ankle Replacement

What is the problem?

Like all joints, the ankle can be affected by arthritis. Over time, arthritis can cause increasing pain, swelling and stiffness, resulting in an ankle that does not function well.

Ankle replacement surgery is an effective way to reduce the pain associated with ankle arthritis while maintaining some range of motion in the ankle.

The ankle replacement consists of two metal components, made from a cobalt-chromium alloy, which resurface the tibia and talus bones. A polyethylene (plastic) insert sits between the two metal components.

What's involved?

There are a number of steps involved in ankle replacement surgery, including:

- Nerve block, general anaesthetic and intravenous antibiotics.
- A 15 cm incision over the front of the ankle.
- Removal of bone from the tibia and talus.
- Insertion of the metal tibial and talar components.
- Insertion of the polyethylene insert.
- X-rays to confirm component position.
- Wound closure with stitches/sutures.
- Application of a plaster back slab.

What are the possible risks?

All surgical procedures carry risks. While the risk of complications following ankle replacement surgery is considered low, potential complications include:

- Infection.
- Problems with wound healing.
- Nerve injury, which may result in numbness, tingling and/or pins and needles over the top of the foot.
- Deep vein thrombosis (DVT) or pulmonary embolism (PE). The risk of DVT may be increased by smoking, use of the oral contraceptive pill or hormone replacement therapy, immobility and obesity.
- Anaesthetic complications.
- Drug or medication allergy.
- Ongoing pain.
- Periprosthetic fracture.
- Component failure.
- Requirement for revision surgery.
- Amputation.

What can I expect after surgery?

Rest and mobility

- You will have a cast on your leg.
- Keep your foot elevated as much as possible, particularly during the first 72 hours.
- Keep all dressings clean, dry and intact until your post-operative appointment.
- Mobilise short distances as pain allows. It is recommended that you remain at home as much as possible during the first few weeks and limit prolonged periods of standing or walking.
- **Do not bear weight on the operated leg for the first two weeks.**

Pain Management

Pain relief may be required for approximately 2–4 weeks, depending on your individual circumstances and other medications. This may include:

- Regular paracetamol.
- Anti-inflammatory medication, where appropriate.
- Breakthrough opioid-type medication, if required.
- A blood-thinning medication will also generally be prescribed for six weeks.

Driving

Your ability to drive safely will depend on which foot has been operated on, your mobility, footwear and your ability to safely control the vehicle.

- Right foot or both feet: you should not drive for a minimum of 6 weeks.
- Left foot: if you drive an automatic vehicle, driving may be possible, but Dr Phegan recommends waiting a minimum of 2 weeks before attempting to drive.
- Driving while wearing a cast or boot may be hazardous.

You should be able to safely control the vehicle and perform an emergency stop before returning to driving. Check with your insurer if required.

Follow up

Your first post-operative appointment will be arranged by Dr Phegan's rooms. A confirmation SMS will be sent with the date and time.

Keep all dressings dry and intact until your post-operative appointment.

Stitches (sutures) are typically removed at your first post-operative appointment with Dr Phegan and his in-house therapists, usually 10–14 days after surgery. Occasionally, some sutures may need to remain in place for longer to allow adequate wound healing.

Typical recovery milestones

Time after surgery	Expected milestones
2 weeks	Wound review and removal of sutures, change from cast to boot, continue non weight bearing.
2-6 weeks	Regular physiotherapy to improve range of motion and gradually increase weight-bearing as directed by the rehabilitation protocol.
6 weeks–3 months	Reduction of swelling, scar massage and mobility work
6-12 months	Full recovery is expected for most patients

These timeframes are a guide only. Every patient's recovery is individual and depends on the severity of the injury and the complexity of the surgery.

When should I seek help?

If you have concerns about your recovery, please contact your treating team.

During office hours

Dr Phegan's office

Phone: **(07) 5671 1120**

Email: info@drphegan.com

After hours

Please contact the hospital where your surgery was performed or attend your local GP or emergency department.

If you experience a medical emergency, seek urgent medical attention or call 000.

Important information

This information sheet provides general information about your surgery. Your individual treatment and recovery may differ.

Please follow the specific instructions provided by Dr Phegan and your treating medical team, particularly regarding weight-bearing, medications, wound care, follow-up and driving.

If you are unsure about any aspect of your recovery, please contact the practice for advice.