

## PATIENT INFORMATION

# Ankle Replacement, Ankle Fusion, Hindfoot Fusion

### Introduction

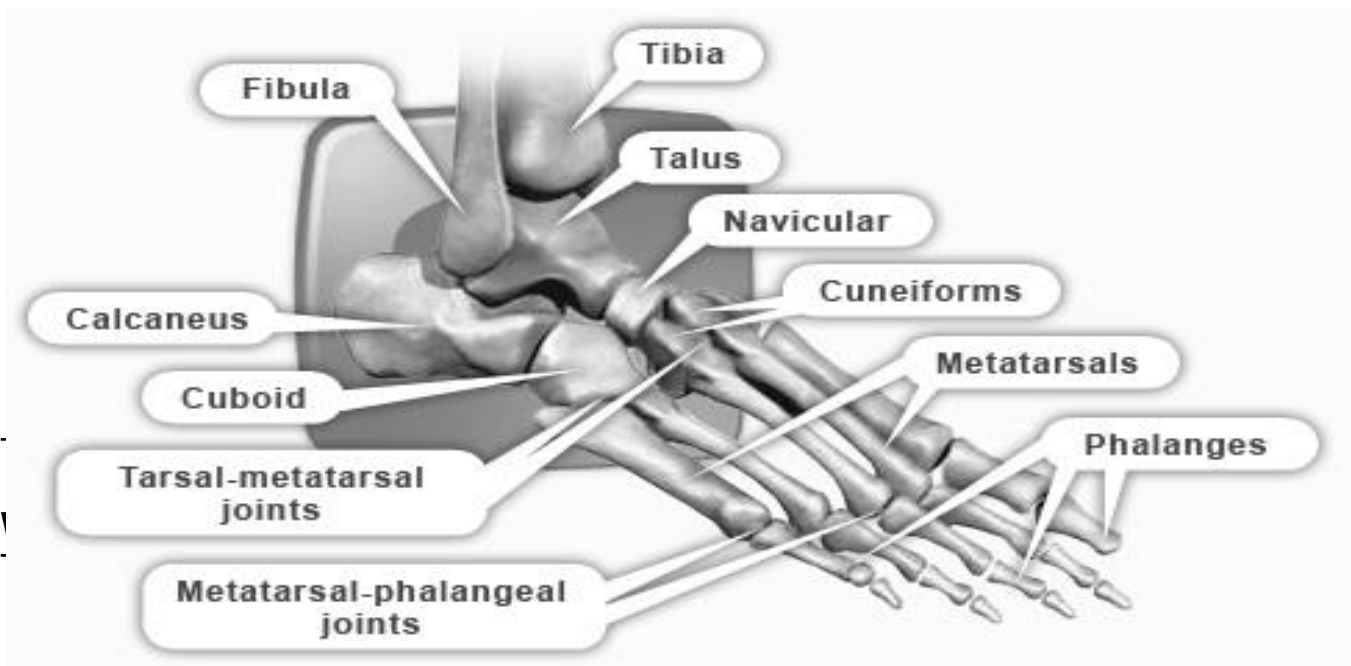
This booklet is designed to give you a general understanding of what happens before and after your operation. It will help to prepare you for the operation and also show how you can assist in your recovery.

**If you are given this booklet before your operation, please bring it with you when you come for any clinic appointments, Pre-Admission Clinic and your admission.**

Then keep this booklet in a safe place, as you will probably need to refer to it from time to time. If there is anything that you do not understand, please ask a member of the orthopaedic staff.

### Your ankle and hindfoot

Your ankle is the joint between the tibia and fibula, and the talus bone. The ankle joint mainly allows movement of the foot up and down—flexion and extension.



- **Osteoarthritis:** the most common form of arthritis. It is normally associated with wear and tear of the joint, resulting in pain, restricted movement or stiffness.
- **Rheumatoid Arthritis:** this usually affects all the joints including the hands and feet and causes the joint to deteriorate and swell.

The purpose of the surgery is to either replace the worn and damaged bones of the ankle, or to fuse the ankle or foot joints and to relieve pain. The decision to undergo surgery is normally made when there is restricted movement affecting daily life, or when painkillers no longer control the pain.

## **Ankle Surgery**

There are three main types of ankle surgery.

- **Total Ankle Replacement** – the bottom part of the tibia (shin bone) and the top of the talus (one of the ankle bones) are replaced with metal components.
- **Ankle fusion** – the tibia is fused to the talus with screws. There is still movement below the ankle joint in the hindfoot.
- **Hind-foot fusion** – the bones on the back part of the foot are fused together with screws or staples. The ankle is still free to move.

## **Pre-Admission Process**

### **Ankle Surgery Information Group**

The first step towards your admission is the Ankle Surgery Information Group. The aim is to provide important information to prepare for surgery. You will meet patients who are also awaiting similar surgery or in some cases will have already had surgery to their ankle or hindfoot.

### **Pre-Admission Clinic**

You will be called to a Pre-Admission Clinic in the month prior to your admission. At this clinic, you will be seen by a nurse, members of the rehabilitation team and your consultant in order to make sure you are fit for the operation. The staff in the clinic will carry out a number of tests including blood pressure measurement, taking swabs to check for MRSA and testing urine samples. You will also see a doctor who will examine you. You will have blood tests, a heart tracing (ECG) and x-rays of your foot and ankle. It is also an opportunity for us to plan for your safe and timely discharge.

The Pre-Admission Unit is located near the back of the hospital, opposite the Chapel.

This appointment will hopefully allow us to pick up any potential problems and deal with them.. Occasionally problems are detected that we do not have time to resolve and so your operation may need to be postponed. To avoid the disappointment there are some things you can do to help prepare yourself.

### **Be aware of your health**

If you suffer from any dizzy spells, breathing problems, chest pain or any new or unusual symptoms it is important to get these checked out by your GP. You may need to undergo further investigations or start taking some medication. It is also important that you inform the hospital if you are awaiting any investigations for heart or breathing problems or if you are waiting another operation.

## **Diet**

It is important that you have a healthy diet leading up to and after your ankle surgery, as this will help with the healing process. If you are overweight you could use the time whilst waiting for your surgery to lose some weight. It is useful in reducing your pain, the wear and tear in your ankle, and you will find the rehabilitation easier. Your GP will be able to provide advice.

## **Smoking**

The West Suffolk Hospital is a smoke-free site. Smoke-free means that smoking is not permitted anywhere on site and applies to all staff, patients and visitors. Nicotine Replacement Therapy (NRT) should be taken into hospital by inpatients who smoke. You will not be allowed to smoke during your stay. Although we recognise that it is difficult to give up smoking, it is advisable to do so before your operation. Smoking increases your risk of developing a chest infection following anaesthetic and can also delay the healing process. If you feel unable to give up on your own, your GP can offer you support.

## **High Blood Pressure**

If you take medication for high blood pressure then we would advise you to visit your GP or practice nurse regularly until your operation date to get your blood pressure checked. If your blood pressure is checked, please ensure your GP surgery writes the readings down – please bring these with you to the Pre-Admission Clinic.

## **Wounds**

If you have any wounds (e.g. leg ulcers) or any breaks in the skin, they must be completely healed before the Consultant will operate. Any open areas leave the metalwork in your foot and ankle vulnerable to infection. If the district nurse dresses any wounds, please bring their paperwork with you to the Pre-Admission Clinic.

## **Ward admission**

All beds are allocated to patients waiting for surgery. The ward will only ring you if there is a problem so please arrive on the ward by the time given on your admission letter.

It is important that you remember to bring with you:

- All the medication that you are taking in their original packets.
- Details of next of kin.
- Wash things – flannel, soap, toothpaste, tooth brush, comb, razor, towel.

- Clothes – day clothes and night-wear, including socks, stockings, shoes and slippers.
- Current walking aid such as sticks, frame, crutches.
- This information leaflet.

## **Visiting hours**

Please contact the ward for information regarding visiting times.

These visiting hours may be different to other wards in the hospital. These visiting hours are in place to enable essential rehabilitation and rest to occur during the day.

## **Before the operation**

- You will see your consultant prior to your operation when you will be asked to sign your operation consent form.
- Your leg will be 'marked' for the operation by drawing an arrow pointing to your ankle.
- An anaesthetist will assess you for the anaesthetic.
- You are not allowed to eat or drink from midnight. This includes eating sweets or chewing gum. If your operation is in the afternoon, you may be allowed a light breakfast.
- Please do not leave the ward or bed area whilst waiting for your operation – there will be a number of orthopaedic staff that need to see you before you have your surgery.
- The staff will run through a checklist prior to taking you to the operating theatre. You may be asked the same questions on several occasions – please bear with us, it is to ensure that there are no mistakes.
- You will be formally assessed for your risk of developing a VTE (venous thrombo-embolism) otherwise known as a blood clot.

## **Surgery and aftercare**

The operation usually takes around 2 hours to complete. You are likely to be off the ward for 3-4 hours in total.

When you wake you will be in the recovery area. You will be here for about an hour to be closely monitored. They will monitor your heart rate, blood pressure, oxygen levels, as well as monitoring your wound and pain levels.

On returning to the ward from recovery you may be quite sleepy. A number of items will be attached to you, which may include:

- A dressing around your foot and ankle with either clips or stitches holding your wound together.
- Oxygen – usually through two prongs which sit just inside your nostrils.
- A drip will be running to provide fluids. As you have been nil by mouth prior to the surgery, we need to make sure that you are not dehydrated.
- A PCA (Patient Controlled Analgesia). This is a morphine pump that allows you to administer your painkillers as and when required. It does have a safety lockout to prevent any over-dosing.
- A catheter in your bladder if necessary. It will be removed when you are able to walk to the toilet.

The staff on the ward will regularly check your blood pressure, temperature, oxygen levels and help you control any pain.

## **Pain Control**

You will be given regular painkillers during your stay. It is important that you take these to aid your rehabilitation. It is reasonable to expect some pain as you have had major surgery but your pain will be kept under control. Please inform the doctors or nurses if it is too painful to get up and mobilise.

## **Risk of deep vein thrombosis (DVT)**

There is a small risk with any major surgery that you may develop a VTE (venous thromboembolism). The most common type of VTE is a potentially dangerous blood clot in your calf called a deep vein thrombosis (DVT). You will be formally assessed for your risk of developing a VTE. Should you meet the necessary criteria you may be prescribed medication for up to 6 weeks after the operation as a preventative measure. A separate information leaflet will be given to you should this be the case. You will also wear a compression stocking on your un-operated leg and do the circulation exercises to prevent against VTEs.

## **Wound**

Your wound will be held with either stitches or clips (staples). These will be removed at your clinic appointment 2 weeks after the surgery. There will be a dressing over the wound until it is healed to prevent infection. This will only be changed as necessary, not every day.

You should keep your foot and ankle elevated as much as possible in the first 2 weeks after surgery. If you do not, the swelling may cause wound problems. Your lower leg should be elevated so that your foot and ankle is at least on the same level as your hip, if not higher. This could be on a high foot stool, or on a couple of pillows in bed.

## **Plaster casts or splints**

Ankle replacements – you will have a below knee plaster cast or removable splint on your leg after the surgery. You may be able to walk on your leg after the surgery – your surgeon or physiotherapist will let you know.

Ankle or hindfoot fusions – you will have a below knee plaster cast on your leg after the surgery. You will have this on for 3 months. You are not allowed to weight-bear on your operated leg for the first 6 weeks, but you are likely to be able to put a little bit of weight through your leg (partial weight bearing) for the second 6 weeks.

## **Infection**

There is always a small risk that you may pick up an infection with surgery. We minimise the risk in several ways:

Operations are carried out in an 'ultra-clean' theatre.

Highly sterilised operating theatres and equipment are used.

Antibiotics are given during the operation and 3 doses are given after the operation. You will be given extra antibiotics if you need a catheter.

Every patient is screened for MRSA prior to admission and no patient with MRSA is allowed onto the elective orthopaedic ward.

Staff wear disposable aprons and gloves for any contact with patients.

Equipment is thoroughly cleaned and disinfected.

Side rooms are available for isolation if required.

Hand washing or using alcohol gel is very important in fighting the spread of infection. Visitors should not sit on beds

All visitors, staff and patients must use alcohol gel on their hands or wash their hands on entry/exit to ward and bays and after touching patients.

## **Length of stay and discharge plans**

The average stay for a patient having ankle surgery is 1-2 days after the operation. This will be affected by other medical conditions you may have and your home environment.

You will start your rehabilitation the first day after surgery. We encourage you to wear clothes in hospital during the day, not your nightwear!

You may have an x-ray to check the foot and ankle prior to discharge. You will be discharged from the hospital when you and all members of the team are happy.

You will not be able to drive whilst your plaster cast is on. Please check with your Consultant and insurance company prior to resuming driving.

Most patients do not require input from Social Services after their operation. However, if you do have any concerns, please discuss this with the staff when you attend the Pre-Admission Clinic.

## **Follow-up clinic appointments**

You will be given a follow-up clinic appointment 2 weeks later. This will be given to you on the ward, or sent later by post.

Ankle replacements may be able to weight bear from this point at the Consultant's discretion. Ankle fusions will remain non-weight bearing until at least the 6 week follow-up appointment.

## **Rehabilitation**

The rehabilitation team will show you how to get up and mobilise after the surgery, and advise how you can manage when you get home.

If you have had an ankle fusion, it is very likely that you will remain **non-weight bearing** on the operated leg for at least six weeks after the surgery. This means you cannot walk on the operated leg, you will need to hop. Your foot and ankle will either be put in a cast or a splint after the surgery.



You will see the rehabilitation team both before and after your operation, on the following occasions:

1. **Information Group:** during this session we will explain how you can plan to manage at home after your operation and we will be available for any questions.
2. **Pre-admission Clinic:** we will discuss your individual needs that may affect you after your operation. This is to see if you need equipment and to provide advice about how to make life easier and safer for your return home after your surgery.
3. **After your operation:** following your operation we will assess your mobility and check that you have made the necessary arrangements for your return home. Prior to your discharge home we will ensure you can manage your activities of daily living.

You will probably need to negotiate a flight of stairs or a doorstep on your return home. The physiotherapists will show you how to manage this safely prior to your discharge.

As you are not allowed to bear weight on your operated leg, it may be difficult to negotiate a whole flight of stairs. There are a few options:

- Bring a bed downstairs and sleep on the ground floor
- Hop up and down stairs with banisters/crutches
- Go up and down on your bottom

Please bear in mind where your bathroom is situated and look at the access to your property if this is currently difficult to manage.

If you feel that you would manage hopping up and down, the physiotherapists can practice this with you on the ward prior to your discharge home.

## **Wheelchair**

It may be worth borrowing a wheelchair for when you return home after your operation to enable you to manage long distances in the initial stages of your recovery. Wheelchairs can be borrowed from Red Cross medical supplies (ask the Occupational Therapist for contact details of your local Red Cross).

## **OT questionnaire**

When you are given your appointment to attend the Pre-Admission Clinic (PAC) you will be sent a questionnaire to complete which asks for details of your home circumstances and

furniture heights. It is essential that you complete this form and bring it with you to the PAC as it forms the basis for the OT's assessment.

## **Furniture**

Whilst recovering after your operation you will need to avoid using low furniture because you will find this difficult as you may not be able to put full weight through your operated leg.

When seen by the OT in the Pre-Admission Clinic you will be given advice on the recommended height of furniture you should use. We will focus on the main furniture you use including your bed, chair, toilet and bath and advise ways of making sure these items are the correct height. In some situations the OT may be able to raise the height of your furniture should it prove necessary.

## **Bed**

If this is too low, you could use an alternative bed.

## **Chair**

Use a firm chair with arms both sides. If chair is low, place an extra cushion or firm piece of foam on it to raise the height of the seat. Borrow a suitable height chair from friend or family member.

You will need a foot stool so you can elevate your leg.

## **Toilet**

If needed, the OT may be able to loan you a frame which sits over the toilet to provide support when sitting or standing.

## **Bath**

Dependent on the type of surgery you are having it is likely that you will have a cast over the lower part of your leg initially after your operation. You must avoid getting this wet so we would advise you to strip wash during this period.

## **Activities of Daily Living**

There are a number of normal daily activities you will need to reconsider in preparation for your return home after the operation. Below we discuss some activities you may find difficult to complete immediately after your operation but should be able to resume after the first couple of months.

## **Kitchen**

Immediately after your operation you will have difficulty carrying items, so you will need to consider having assistance with cooking or adjusting how you manage your meal preparation. It is worth planning the layout of your kitchenware so that commonly used items are easy to access, and eating your meals in the kitchen so you don't have to carry your dinner through to another room. It may be useful to stock up on ready meals in the freezer, as you may not feel like cooking initially on your return home. Also consider using a microwave if you have one, as you will not be able to bend down to your oven if this is low.

## **Housework and Shopping**

You will find it difficult to complete heavy cleaning tasks on your return home, due to your need for walking aids. It is advisable to arrange assistance for tasks such as vacuuming, cleaning, shopping (you may be able to have this delivered) and heavy laundry. If doing laundry, it is easier to load/unload onto top of machine and to hang clothes indoors.

## **Driving**

You cannot drive after your operation whilst your leg is in plaster, therefore you will need to organise alternative travel arrangements. You may travel in a car as a front seat passenger. You should have the go-ahead from your consultant before driving and we would advise that you check with your insurance company prior to resuming driving.

## **Active Hobbies**

It is advisable to avoid any active hobbies whilst recovering from your operation including activities such as gardening and swimming. Seek advice from your consultant regarding resuming such activities.

## **Personal Care**

Getting yourself washed and dressed should not present too many problems. The OT will review this after your operation. It is worth considering loose clothing that will be easy to take on/off and that will fit over your leg cast.

## **Exercise Programme**

You will need to start a strengthening programme before the operation. You will need to continue this after the surgery too. Although your foot and ankle may be immobilised in a cast or splint after your surgery, you should still carry out simple leg strengthening exercises, and exercises to prevent DVTs.

## Deep breathing exercises

After an anaesthetic it is important to take some deep breaths to minimise the retention of secretions in the lungs. During normal activity, our bodies do this automatically, so take 3-4 deep breaths every hour until you are up and walking about on the ward with the physiotherapists.

## Circulation exercises – un-operated leg

In the recovery period after an operation, your circulation tends to slow down, putting you at risk of developing a DVT. Maintain good circulation by doing these exercises. You should carry out these exercises on your un-operated leg:

You must do these exercises **every hour** whilst you are in hospital and **3-4 times a day** at home before and after the operation.

- Pull toes and foot towards you, and push away again. Repeat 10 times.
- Circle your ankle 10 times each way .
- Tighten your buttock muscles, hold for 5 seconds then release. Repeat 10 times.

## Circulation exercises – operated leg

Your operated leg is likely to be immobilised in a cast for a number of weeks after the surgery so the previous exercises are difficult! You should wiggle your toes on your operated leg whenever you do the circulation exercises on your un-operated leg.

## Knee exercises

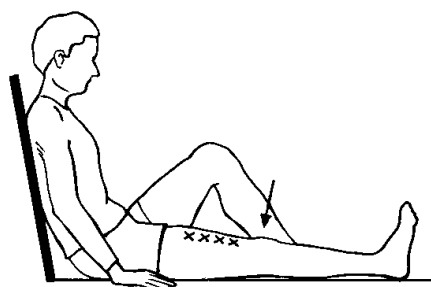
You must do these exercises **every hour** whilst you are in hospital and **3-4 times a day** at home before and after the operation. You should practice these exercises on both legs, but perform them one leg at a time.

## Static quadriceps exercise

Sit upright with your operated leg out in front of you. Bring your toes towards you and press your knee down into the bed by tightening your thigh muscles.

Hold for 5 seconds.

Repeat 10 times.

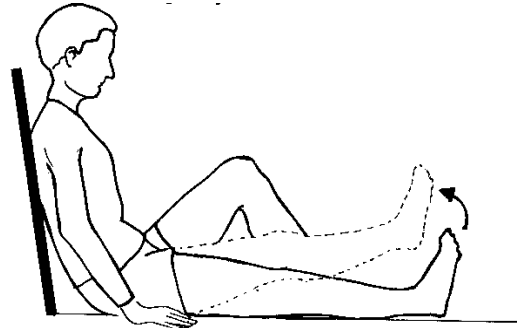


## Straight leg raise

Sitting with your operated leg out in front of you, and your other knee bent. Tighten your thigh muscles and lift your leg 6 inches off the bed.

Hold for 5 seconds and lower slowly to the bed.

Repeat 10 times.



If you encounter any problems with these exercises, please speak to your physiotherapist on the ward, or telephone the Physiotherapy Department on 01284 713300.

## Discharge advice

- You are likely to remain non-weight bearing for at least 6 weeks.
- After this, you may be allowed to put some weight through your foot – you will be advised of this at your clinic appointment.
- Sit with your leg on a stool to minimise the swelling.

## Necessary Preparations

- Is there someone who could stay with you for a few days following your discharge home?
- Ensure you have suitable height furniture.
- **Recommended furniture height .....**  
**(advised at PAC). Do not sit on furniture below this height.**
- Make arrangements for assistance with the heavier domestic tasks and shopping.
- Remember, no driving for 6—8 weeks.

## Important information

Equipment store telephone number ..... (provided by the OT at PAC)

Please contact the equipment store to find out when your equipment will be delivered before your operation and to arrange return of this equipment once you no longer require it.

## Notes

This booklet is only a general guide. Every patient is an individual and their care is tailored towards their needs and so may differ from the information in this leaflet.

If you have any questions please do not hesitate to contact us on the numbers below. We will answer your questions as best we can.

<b>Pre-Admission Clinic</b>	<b>01284 712810</b>
<b>Physiotherapy Department</b>	<b>01284 713300</b>
<b>Occupational Therapy Department</b>	<b>01284 713560</b>
<b>Ward F4</b>	<b>01284 713430</b>
<b>Post-discharge Advice Helpline</b>	<b>01284 713924</b>

*If you would like any information regarding access to the West Suffolk Hospital and its facilities please visit the disabledgo website link below:*

<http://www.disabledgo.com/organisations/west-suffolk-nhs-foundation-trust/main>