Guidelines for patients having

A Total Ankle Replacement
1. Introduction

This information booklet has been written to give you and your family a basic understanding of what is involved when you require a Total Ankle Replacement.

In this booklet we provide information, including things you should know before and after your operation. It is important for you to understand the advantages but also the possible problems, which may occur after this surgery.

Throughout your stay in Beacon Hospital, you will receive continuous advice and support from all members of the team.
Total Ankle Replacement

**What a Total Ankle Replacement?**

A Total Ankle Replacement (TAR) involves replacing the joint surface of the ankle bones with mechanical implants which allow movement of the joint and reducing the pain associated with movement and weight-bearing.

The primary indication for TAR is arthritis of the ankle joint. Most commonly Osteoarthritis or Rheumatoid Arthritis.

Total Ankle Replacement surgery is usually only performed on patients who have failed other more conservative treatment options.

**Pain and Swelling**

Pain is a common occurrence following any surgical procedure. It can be well managed with medications, special pain management devices and ice. The pain will naturally reduce as your wound heals and with regular use of analgesics (pain killers). It is imperative to keep your pain well controlled so you can mobilise comfortably, perform your physiotherapy exercises and resume normal activities after your surgery.

You will be asked to rate or score your pain regularly after your surgery. The score will depend on how your pain feels to you.

0 = No Pain, 10 = worst pain imaginable

Assign the number you feel best describes your pain. The nurses will administer appropriate treatments/medications depending on your pain score. The nurse will reassess your pain score after the treatment to make sure it has worked to reduce your pain.
You must walk with your crutches, using the same pattern taught to you by your physiotherapist. You will be taught to walk with two crutches, allowing as much weight through the leg as is comfortable.

In most instances you will be instructed to ‘Weight bear as tolerated’ initially, meaning to take as much weight through the operated leg as you are comfortable with. Your Physiotherapist will instruct you if this is not the case. Your Physiotherapist will instruct you on the correct pattern of walking.

You should start walking weight bearing immediately. You should begin exercises prescribed by your Chartered Physiotherapist as soon as is permitted.

The following exercises start as soon as you are able. Additional exercises permitted by your consultant will be provided by your physiotherapist when applicable

**Frequency:** You will need to exercise at least three times a day to ensure you reach your rehabilitation goals

1. **Quadriceps Setting.**
   - With your leg straight out in front of you, tighten the muscles at the front of your thigh, pushing the back of your knee down into the bed.
   - The result should be straightening of the knee. Hold the contraction for 5 seconds. Repeat 15 times
Total Ankle Replacement

2) Knee and Hip Flexion
- Lie on your back with your legs straight.
- Slowly bend your knee by sliding your foot up towards your buttocks as far as you can.
- Hold for count of 5.
- Relax and straighten the knee again.
- Repeat 10 times.

3) Straight Leg Raising
- Tighten the muscles at the front of your thigh.
- Keeping your operated leg straight, raise the leg about 6 to 10 inches off the bed.
- Hold for 5 seconds.
- Lower the leg slowly to the bed and repeat 10 times.

4) Foot Pointing
- Point your foot downwards, tightening the muscles in your calf.
- Pull the foot back to a 90 degree angle at the ankle.
### Stairs Technique

**Going up-stairs**
- Maintain crutches on the step below.
- Take your weight onto the crutches and operated leg as able.
- Step up with the non-operated leg, follow with the operated leg and then crutches onto the same step.

**Going Downstairs**
- Put crutch/walking stick down onto the step below.
- Lean onto banister and crutch as you step down with the operated leg. The non-operated leg then follows to the same step.

- It is important to pause in between steps to minimise any risks of falling.
- If possible when you are at home, make arrangements to have a bed downstairs.

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**Driving**

Do not drive unless cleared by your consultant or by your Chartered Physiotherapist. You must be able to comfortably use the brake and accelerator, make an emergency stop and be finished all pain medication before you are cleared to drive.
Work

Plan to take time off work following your surgery. If your job requires a lot of walking or manual labour, contact your surgeon for appropriate work restrictions.

Rehabilitation and Discharge

You will be advised to attend outpatient Physiotherapy within two to three weeks of discharge. You may either attend a private physiotherapist in the hospital or a physiotherapist more local to your home. If you would prefer to exercise in a group setting, Beacon Hospital provides weekly group exercise classes for certain patient groups. Your physiotherapist will provide you with the details of these classes. You will need to continue your physiotherapy for several months after your surgery. Your physiotherapists will advise you after your surgery regarding your requirements.

The phone number for Beacon Physiotherapy dept is 01-2936692.

General Safety Advice for Home:

Please be aware of the hazards in your home as this will make your recovery easier and safer.

- Move electrical cords, phone lines and ensure clear pathways.
- Store items within easy reach specifically in the kitchen and bathroom areas.
- Remove rugs including bath mats and entrance mats.
- Be careful with pets and young children.

Be aware of water spills, slipper floors and always think before you move.
Signs of Infection
If you develop any of the following signs of infection, it is important to report them to your doctor. The signs of infection include:

- Redness around the wound site
- Increased pain in the wound
- Swelling around the wound
- Heat at the wound site
- Discharge of fluid – may be green or yellow
- Odour or smell from the wound
- Feeling of being generally unwell
- Fever or temperature

Most people will have sutures that need to be removed approximately 10-14 days after surgery. This may be done by the GP, Dressing clinic, Consultant or in the convalescence centre.

Conclusion
We hope that you have found this booklet useful and that it has helped to relieve some of your fears and anxieties regarding your surgery. During your hospital stay, your medical team will be available to answer any other queries you may have. We look forward to meeting you soon.

Individual Patient Notes
Consultant Name: ________________________________
Date of Surgery: ________________________________
Surgery Note: ________________________________
Weight Bearing Status: ________________________________
Walking Device: ________________________________

This Patient Education leaflet was developed by the Chartered Physiotherapists in Beacon Hospital.
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