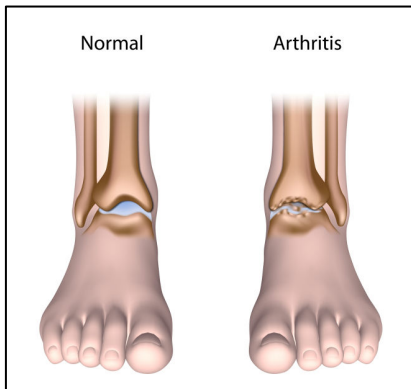




ARTHROSCOPIC ANKLE FUSION

What is Ankle Arthritis

Ankle arthritis is when the cartilage within the ankle joint is destroyed for various reasons. This may be due to trauma, wear and tear, long standing instability, or inflammatory disease such as rheumatoid arthritis. As the cartilage wears out, bone-on-bone friction develops causing pain, stiffness, and deformity.



Ankle Arthritis develops when the cartilage gets destroyed within the ankle joint



Xrays will be taken, which will reveal destruction of the joint articular surface. Deformity of the ankle may be present

What non-operative measures should be started for treatment?

Conservative measures should always be tried prior to any surgery. Analgesics may be used when required. Good footwear can alleviate pain to a degree. Weight loss will offload the pressure on the ankle too.

When is Surgery Indicated and what does it entail?

If symptoms do not resolve despite adequate conservative, non-operative measures, then surgery is indicated. Unfortunately, a vast majority of patients require surgery due to persistence of symptoms.

Ankle fusions and ankle replacement are the commonest procedures done for end stage ankle arthritis.

Dr Maritz performs ankle fusion / arthrodesis for end stage ankle arthritis. He does not perform ankle replacement surgery, as this has a very high repeat surgical incidence, and a high complication rate which Dr Maritz feels is unacceptable. In addition, evidence-based medicine shows that only a very small subset of patients are suitable for replacements, and the vast majority are best suited for fusions.





Ankle fusion or ankle arthrodesis

Dr Maritz prefers to perform his ankle fusions via a keyhole or arthroscopic technique using a small camera. There is no need for large incisions. This allows for a less painful recovery, better union of bone healing rates, less risk of infection and more rapid return to recovery.



Arthroscopic ankle fusions are performed through a keyhole approach and uses screws and a small plate to hold the ankle.

How is the recovery?

The surgery is performed as an in-hospital day case, with an overnight stay. You may go home the next day. You will be placed in a half cast for 10 days and must not weight bear fully on the leg. Your 1st follow-up is in 10 days where the cast and sutures are removed, and you will be placed in a moonboot. You must continue using the moonboot for 6 weeks, until the fusion has united sufficiently. Light weight bearing can be started at around 4 weeks postop.

You will be wearing a moonboot for about 6 weeks postop.



Risks Involved

All surgery has inherent risks, such as bleeding, infection, nerve and vessel damage, scar formation, persistence of the initial problem. The risks are diminished using keyhole surgeries. Failure of the bones to unite (non-union) can occur but is diminished with the arthroscopic technique. Swelling of the ankle does occur and strict elevation of the limb is enforced.

Special Precautions

Do not smoke. Take vitamin D and calcium supplements if prescribed. Eat a healthy diet. Take regular pain medication as prescribed. Elevate and apply ice to prevent swelling. Contact the doctor should you have any postoperative concerns – do not see your GP first.

