



# Ankle and subtalar arthritis

## Information for patients from Trauma and Orthopaedics (T&O)

You have ankle arthritis and have been referred to the hospital for ankle fusion or replacement surgery. This leaflet explains:

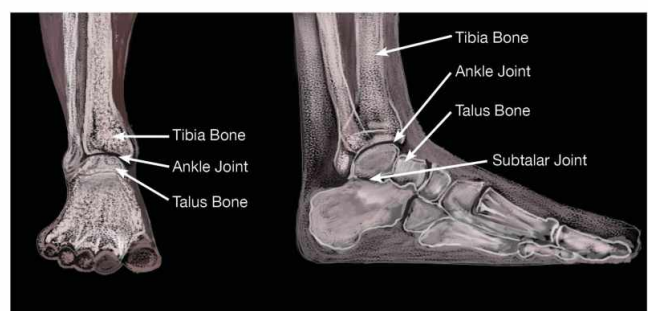
- what ankle arthritis is
- what the surgery involves
- what the risks are to having surgery; and
- what happens afterwards.

We hope this leaflet helps to answer some of the questions you may have. If you have any further questions or concerns, please speak to a member of your healthcare team.

### What is ankle and subtalar arthritis?

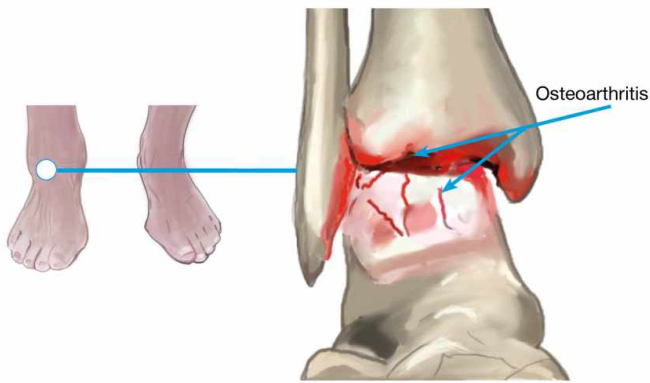
Arthritis of the ankle is not as common as arthritis of the hip and knee. It happens most often after an injury. Arthritis occurs when cartilage covering the joint becomes damaged.

The ankle joint is between the tibia bone and talus bone. The subtalar joint is between the talus bone and the heel bone.



Anatomy of the ankle

### What are the symptoms?



Osteoarthritis in the ankle joint

Pain, swelling, and stiffness are common symptoms. They occur more often when walking for long distances or on uneven ground.

As your arthritis progresses you may notice your ankle and / or foot becomes deformed. This can be uncomfortable and makes it hard for you to find appropriate footwear.

### What are the treatments for ankle and subtalar arthritis?

In the early stages of your condition, the following treatments may help.

- Painkillers.
- Non-steroidal anti-inflammatory medication, for example ibuprofen or Naproxen.
- Support with an ankle brace.
- As your condition progresses, a steroid injection into the joint may give you temporary pain relief.

You will discuss these treatments with your doctor in clinic.

Surgery is also a possibility. But you should only consider surgery, after you have tried the treatments listed above, and they have not worked.

### What surgical options are available?

If you have reduced ankle movements but your joint does not look too arthritic, keyhole (arthroscopic) or open surgery can clean up your ankle joint.

- **Keyhole surgery** allows a surgeon to use small cuts and a camera for procedures.
- **Open surgery** means cutting the skin and tissues, so the surgeon has full view of the structures or organs involved.

With advanced arthritis, your surgical options are ankle fusion or replacement.

- **Ankle fusion**
  - Ankle fusion is when the bones of your ankle are joined together. We recommend this surgery for younger and more active patients, as the results are more predictable.
  - Fusion can be performed with keyhole or open surgery.
  - Surgery involves removing any remaining cartilage and unhealthy bone from the joint surfaces.
  - The incision (cut) is on the front of the ankle. The bone surfaces are prepared, before being brought together and held in place with screws or a plate.

- In some cases, the joint below your ankle (subtalar joint) may also be arthritic. If so, we may need to fuse the bones here as well. The incision for this procedure is often on the side of the ankle.
  - A nail is passed from the bottom of your heel across both joints into your shin bone (tibia); or
  - A plate is applied across both joints.

- **Ankle replacement**

Unlike fusion, ankle replacement allows you to keep some movement in your ankle joint. Encouraging movement means that you are not putting more stress on your other joints.

You and your doctor will discuss both these surgeries. Together, you will make a decision on which surgery you will have. Please use this time to ask any questions.

### How long will I stay in hospital?

- If you have **keyhole surgery** you normally go home the same day as your surgery.
- With **fusion and replacement surgery** you normally stay in hospital for at least one night.

### Will the surgery hurt?

- Most patients have a general anaesthetic (you are asleep for the procedure).
- Sometimes a painkilling local anaesthetic is also given to help with any pain.
- After surgery, your doctors will give you more painkillers to help with any further pain.

### Will I need further surgery?

Everyone's feet are different, so we need to treat them differently. Some patients may need extra parts to their surgery, but this depends on the patient.

If you use your ankle replacement too much it can wear, and we may need to review it at a later date. This can be a complicated procedure. Your surgeon will discuss this with you before your surgery.

### How will my ankle feel after surgery?

Your joint will feel stiffer but there will be no pain. Any limp you develop should be hardly noticeable.

If you had an ankle replacement you should still have some movement in your ankle. You will have no movement if you had ankle fusion.

### If I had a bone spur removal, what happens after my surgery?

If you had a bone spur removal, after surgery your surgeon will cover your foot and ankle with a bandage.

You will be given a surgical boot, so you can walk. A member of staff will also give you crutches for support, and show you how to use them.

### How do I look after my injury at home?

**Keep your ankle elevated (raised) as much as possible in the first few weeks after surgery.**

Your bandages will be removed after two weeks and your dressings changed.

Once your wounds have fully healed you:

- will be referred for physiotherapy
- can wear comfortable shoes again; and
- can consider returning to work. Please discuss this with your surgeon at your follow-up appointment.



An example of good posture and elevation

### What happens after ankle fusion surgery?

- After ankle fusion surgery, your leg will be in a below-knee cast for 2 weeks.
- After 2 weeks your wound will be checked and a complete below-knee cast fitted for another 4 weeks.
- **Do not put any weight on your leg for the first 6 weeks after your operation.** A member of staff will give you crutches for support when moving around.
- **When sitting, you must elevate (raise) your affected leg above your heart level, as much as possible.**
- A walking boot will be fitted after 6 weeks. You can walk in this boot.
- You will also be referred for physiotherapy to help with your healing.
- When you can return to work depends on the amount of weightbearing needed in your job. If you sit down a lot at work and you can keep your foot elevated, you can return 6 weeks after your operation. Otherwise you should expect to return to work after 12 weeks.

### What happens after ankle replacement surgery?

- After ankle replacement surgery, your leg will be in a below-knee cast for 2 weeks. **Do not put any weight on your affected leg during this time.**
- **When sitting, you must elevate (raise) your affected leg above your heart level, as much as possible.**
- After 2 weeks your wound will be checked. If it has healed, we will place your leg in a walking boot. You can walk in this boot. For approximately 4 weeks, use the walking boot for any activity where you will have to put weight on your ankle. After this you can begin to wear supportive shoes.

- Physiotherapy will also start at this stage.
- When you can return to work depends on the amount of weightbearing needed in your job. If you sit down a lot at work and you can keep your foot elevated, you can return 6 weeks after your operation. Otherwise you should expect to return to work after 12 weeks.

### When can I drive again?

This is a difficult question to answer. Your healthcare professionals are not able to take responsibility for this.

You need to check with your insurance company about when they will be willing to insure you to drive again.

**You must not be in a cast or boot when driving.** You must be able to do an emergency stop safely before driving again.

### What are the possible risks to having surgery?

As with any surgery there are risks. Your surgeon will discuss these with you in more detail before your procedure.

Common complications of this type of surgery include the following.

- You can expect **swelling** for up to 12 months, particularly in the evenings.
- The **position of your ankle and foot may not be satisfactory after fusion**. Although this is rare, it can be significant if it does happen. You may need further surgery.
- **Infection** rates are low, and antibiotics are given before any surgery. If you do develop an infection, this can cause problems.
  - A skin infection can be managed with antibiotics.
  - If you develop a deep infection, we may need to remove all the metalwork and unhealthy bone. You will also need a long course of antibiotics. In the case of ankle replacements, a repeat of the procedure may be necessary to correct the problem.
- **Nerve injury** can result in numbness or tingling across your foot area. This is usually temporary, but in a small number of cases it may become permanent.
- **Non-union** can sometimes happen with fusion surgery. Non-union is when the bones do not join together successfully. There is more risk of this happening in smokers. It may result in pain if the metalwork then loosens. If you smoke, stop before surgery and do not start again until the fusion has healed.

If you need support to stop smoking, please contact One You Kent (<https://www.kentcht.nhs.uk/service/one-you-kent/>) on 0300 123 1220, or email ([kentchft.oneyoukent@nhs.net](mailto:kentchft.oneyoukent@nhs.net)).

- Although rare, **metalwork can become noticeable through your skin**. This can cause pain from irritation. If this continues we may need to remove the metalwork.
- **Complex Regional Pain Syndrome (CRPS)** (<https://leaflets.ekhuft.nhs.uk/complex-regional-pain-syndrome-crps/html/>) can develop when the nerves around the operation site become overly sensitive.

Swelling, skin changes, and stiffness can happen and can be debilitating. This is rare, but if it does happen it is usually managed by a specialist in pain management.

- **Deep Vein Thrombosis (DVT)** (<https://leaflets-cms.ekhuft.nhs.uk/deep-vein-thrombosis>) / **Pulmonary Embolism (PE)** (<https://leaflets-cms.ekhuft.nhs.uk/pulmonary-embolus>) is rare with this surgery. Anticoagulation medication is given after surgery, to try to prevent clots forming whilst you are not able to move your leg. This is a preventative measure, but a clot can still form.
- **Fracture** can happen during an ankle replacement or just after surgery. If your surgeon notices this during your procedure they will fix it immediately. This complication rarely effects how your ankle will work in the future. However, you may need to keep your weight off your affected leg for 6 weeks to allow it to heal.
- Infection can be one reason the **ankle replacement components loosen**. If infection is the reason, treatment is as above. If the loosening is not caused by infection, how we treat it will depend on the amount of healthy bone that is left. If there is enough bone, we can consider another ankle replacement procedure. If there is not enough healthy bone remaining, we will perform a fusion procedure.

If you have any concerns or questions about any of these risks, please speak with your doctor before your surgery.

### What if I have any questions or concerns once I return home?

If you have any questions before your surgery, contact the team secretary through the hospital switchboard.

After surgery you can call the team secretary, the ward, or your GP if you have any further concerns or questions. If you have concerns and cannot get in touch with anyone, go to your nearest Emergency Department.

### Ask 3 Questions

There may be choices to make about your healthcare. Before making any decisions, make sure you get the answers to these three questions:

- What are my choices?
- What is good and bad about each choice?
- How do I get support to help me make a decision that is right for me?

Your healthcare team needs you to tell them what is important to you. It's all about shared decision making.

### What do you think of this leaflet?

We welcome feedback, whether positive or negative, as it helps us to improve our care and services.

If you would like to give us feedback about this leaflet, please fill in our short online survey. Either scan the QR code below, or use the web link. We do not record your personal information, unless you provide contact details and would like to talk to us some more.

### Giving feedback about this leaflet



<https://www.smartsurvey.co.uk/s/MDOBU4/>

If you would rather talk to someone instead of filling in a survey, please call the Patient Voice Team.

- **Patient Voice Team**

Telephone: 01227 868605

Email ([ekhuft.patientvoice@nhs.net](mailto:ekhuft.patientvoice@nhs.net))

**This leaflet has been produced with and for patients.**

**Please let us know:**

- If you have any accessibility needs; this includes needing a hearing loop or wanting someone to come with you to your appointment.
- If you need an interpreter.
- If you need this information in another format (such as Braille, audio, large print or Easy Read).

**You can let us know this by:**

- Visiting the Trust web site (<https://www.ekhuft.nhs.uk/ais>).
- Calling the number at the top of your appointment letter.
- Adding this information to the Patient Portal (<https://pp.ekhuft.nhs.uk/login>).
- Telling a member of staff at your next appointment.

**Any complaints, comments, concerns or compliments**, please speak to a member of your healthcare team. Or contact the Patient Advice and Liaison Service on 01227 783145 or email ([ekh-tr.pals@nhs.net](mailto:ekh-tr.pals@nhs.net)).

**Patients should not bring large sums of money or valuables into hospital.** Please note that East Kent Hospitals accepts no responsibility for the loss or damage to personal property, unless the property has been handed into Trust staff for safe-keeping.

**Further patient information leaflets** are available via the East Kent Hospitals' web site (<https://www.ekhuft.nhs.uk/patient-information>).

Reference number: Web 443

First published:  
November 2021

Last reviewed:  
February 2025

Next review date:  
June 2028



Illustrations and Photographs created by the Medical Photography Department.

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