CQ HAND + UPPER LIMB
SPECIALIST ORTHOPAEDIC SURGEON

PATIENT INFORMATION

Total ankle replacement

Why this operation has been suggested

Dr Kieran Hirpara, an orthopaedic surgeon at Mater Private Hospital Rockhampton, offers total ankle replacement to carefully selected patients with severe ankle arthritis. Patients are generally referred to our clinic by their GP; if a physiotherapist has suggested you see us, you will still need a referral from your GP in order to be eligible for the Medicare rebate. At your first visit we take a history, examine your ankle, and arrange imaging if it is needed to confirm the diagnosis.

Ankle arthritis means the smooth surface inside the joint has worn away, so bone rubs on bone. It often follows a fracture or a severe sprain of the ankle. It can be as disabling as arthritis of the hip. For most people with this long-standing problem, we start with non-operative care such as activity change, physiotherapy, and splinting, and consider surgery when that has not given enough improvement.

Total ankle replacement replaces the worn surfaces of your ankle joint with an artificial implant. It is one of two operations for end-stage ankle arthritis; the other is ankle fusion, where the bones are set to grow together. We will talk through both with you. Patient satisfaction with ankle replacement typically exceeds 90%, and the operation aims to relieve pain and restore movement so you can walk and stay active more comfortably.

Before the operation

Once surgery is planned, we arrange the imaging needed to prepare: weight-bearing X-rays of your ankle, and sometimes an MRI or ultrasound scan to look closely at the joint, the cartilage and the soft tissues around it. In the days before your operation, you will need to fast for seven hours beforehand. We ask for seven hours rather than a shorter time so that we can bring your operation forward if the theatre list runs early. Some medications need to be paused before surgery; your surgeon will tell you which ones and when to stop them. Bring a written list of everything you take, wear loose, comfortable clothing, and arrange for someone to drive you home afterwards. If you have other medical conditions, you may need blood tests or a review with the anaesthetist.

CQ HAND + UPPER LIMB
Dr Kieran Hirpara — Specialist Orthopaedic Surgeon
Suite 2, Level 1, Mater Private Hospital Rockhampton, 31 Ward Street, The Range, QLD 4700
Phone 07 4863 6556 · office@cqupperlimb.com.au · cqupperlimb.com.au

On the day

You will come to the hospital's surgical admissions unit, where you are checked in and prepared for theatre. You will meet the anaesthetist, who looks after your anaesthetic. This operation is done under general anaesthetic. A regional nerve block is sometimes added for post-operative pain relief; the anaesthetist will discuss this with you on the day. You are then taken into the operating theatre, where the operation is performed.

You will wake up in the recovery area, where nurses watch over you while the anaesthetic wears off. Once you are stable, you either go to the ward or go home, depending on the procedure and how your recovery is going.

What the operation involves

Total ankle replacement replaces the worn surfaces of your ankle joint with artificial parts, usually made of metal and plastic. Your surgeon removes the damaged bone and cartilage from the ends of the bones that meet at your ankle, then shapes them to fit the new joint surfaces. The new parts are fixed into place so they can move smoothly against each other, much like a healthy ankle does.

The operation is done through a cut at the front of your ankle. Some designs also use a short stem that sits inside the main bone of the lower leg to hold the implant steady. Your surgeon may also lengthen a tight tendon at the back of your ankle during the same operation if that will help your ankle bend better afterwards.

Once the implant is in place and checked, the cut is closed with stitches and covered with a dressing. You will keep that dressing on for about 10 days, as described in the recovery section.

The exact implant used varies, and the designs keep improving as surgeons learn more about which shapes and materials work well. Your surgeon will talk you through the plan for your ankle before the operation, including whether any extra steps are needed based on what your scans show.

After the operation

You will wake up in the recovery area with nurses watching over you while the anaesthetic wears off. Once you are stable, you move to the ward or go home. Your team will tell you whether you go home the same day or stay one night in hospital. Pain relief is planned for you before the anaesthetic wears off; tell your nurse if your pain is not settling. Your ankle will be wrapped in dressings, and we leave the dressing on for about 10 days; please do not take it off before then unless we tell you to. We change or remove it when we see you. You will be helped to stand and take a few steps soon after the operation, with crutches or a frame for support. Someone should stay with you for the first 24 hours after you get home.

Recovery

The first days are about rest and swelling. Your ankle will be sore and puffy, and the skin may look bruised. Keeping your foot raised above the level of your heart, using ice packs wrapped in a towel, and taking your pain

relief as prescribed all help settle this. Swelling usually peaks in the first few days, then eases gradually. It can come and go for a while, especially after you have been on your feet.

You will be helped to stand and take a few steps soon after the operation, using crutches or a frame. Your physiotherapist will guide you through exercises to keep the rest of your leg moving and, once your surgeon is happy with how things are healing, to build movement and strength in the ankle itself. You will wear a boot or similar support while the ankle settles, and you will be shown how to put weight on the foot as it is ready. At home, keep your foot up when you sit, walk short distances as advised, and avoid standing for long stretches. Sleeping on your back with your foot raised is often most comfortable.

Recovery varies from person to person. Some people feel steady on their feet sooner than others, and swelling can linger longer than expected without meaning anything is wrong. Your timeline may differ from someone else's, and your surgeon and physiotherapist will guide you at each stage. Once the swelling settles and your ankle moves more freely, you will find walking and everyday activities gradually feel easier.

What can go wrong

Most patients do well, but problems can occasionally happen. Your surgeon and the team monitor you closely to spot any issue early.

Sometimes the bone around the new joint slowly wears away. You may notice a dull ache near the implant, or your ankle feeling less steady than before. This is picked up on X-rays at your reviews, so keep your follow-up appointments even if your ankle feels fine. If the wearing is caught early, it can often be treated without redoing the whole replacement.

Infection around a new joint is uncommon but serious. Watch for a deep, throbbing pain that does not ease with simple painkillers, redness that spreads out from the wound, or fluid leaking from the cut. You may feel hot and shivery. Tell us straight away if you notice any of these, or go to the emergency department if you feel unwell.

A blood clot can cause sudden swelling and tenderness in the calf, sometimes with warmth or a heavy feeling in the leg. If a clot travels to the lungs it can bring breathlessness or chest pain. These signs need urgent attention, so go to the emergency department or call for help rather than waiting.

The bone at the edge of the ankle can crack while the new parts are being fitted. This is usually found during the operation and treated then, but it can mean a longer time in the boot or cast afterwards. If you feel a sharp, new pain in the bony bumps on either side of your ankle soon after surgery, let us know.

The wound on the front of your ankle can be slow to settle. Watch for gaping edges, increasing redness, or oozing. Mention it at your review or call the clinic, as some wounds need extra care from our team.

Extra bone can sometimes form near the new joint and cause a pinching feeling at the front of the ankle, especially when you bend your foot up. If this stays painful, a small keyhole operation can clear it.

If a replacement wears out or fails years later, there are still options. These include another replacement or turning the ankle into a fusion, where the bones are set to grow together.

The complications table on this page lists typical rates if you want the specifics.

CQ HAND + UPPER LIMB
Dr Kieran Hirpara — Specialist Orthopaedic Surgeon
Suite 2, Level 1, Mater Private Hospital Rockhampton, 31 Ward Street, The Range, QLD 4700
Phone 07 4863 6556 · office@cqupperlimb.com.au · cqupperlimb.com.au

When to call us

Most problems show up early, and quick action makes them easier to treat. Call us if you have a fever, increasing redness or discharge from the wound, or pain that keeps getting worse instead of settling. Go to emergency if you have sudden calf swelling or tenderness, breathlessness or chest pain, because these can be signs of a blood clot. Go to emergency if you lose feeling in your foot or cannot move it. If you are unsure whether something is normal, call the clinic and we will help you decide.

CQ HAND + UPPER LIMB
Dr Kieran Hirpara — Specialist Orthopaedic Surgeon
Suite 2, Level 1, Mater Private Hospital Rockhampton, 31 Ward Street, The Range, QLD 4700
Phone 07 4863 6556 · office@cqupperlimb.com.au · cqupperlimb.com.au