

ANKLE

Ankle fusion

A guide to ankle arthrodesis, including pain relief, permanent stiffness and protection while the bones heal.

Patient information, treatment choices, risks, recovery and a space to record your individual plan.

Understanding the condition

Ankle fusion may be offered for severe painful ankle arthritis or deformity. It joins the tibia and talus so that the ankle joint no longer moves. Other foot joints still move. The decision depends on symptoms and function, rather than an X-ray alone.

Treatment options

Alternatives include bracing, footwear changes, walking aids, physiotherapy, medication and selected injections. Ankle replacement may be suitable for some people. The advantages and limitations of each option should be discussed before deciding.

What a procedure may involve

The damaged joint surfaces are prepared, the ankle is positioned and fixation holds the bones while they grow together. Surgery may be open or keyhole. Screws, plates or a nail and bone graft are chosen for the particular problem. A nail crossing the ankle and subtalar joint is a different, more extensive fusion.

Risks and benefits to discuss

The goal is less pain and a stable foot for walking. Risks include nonunion, delayed union, an unsatisfactory position, painful metalwork, infection, skin or nerve problems, blood clots, persistent pain and further surgery. Adjacent joints may become painful or arthritic over time. Smoking and nicotine use impair bone healing.

Any operation also carries bleeding and anaesthetic risks. Occasionally, complex regional pain syndrome causes prolonged pain and sensitivity. Your health and the extent of surgery change your personal risk.

RECOVERY AND YOUR CONSULTATION

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Use this guidance to prepare your individual plan with the treating team.

Rehabilitation and aftercare

Keep dressings and the cast dry, elevate the limb and use walking aids as taught. Do not try to regain movement at the fused joint. Progression to weight bearing, footwear and strengthening depends on fixation, wound healing and imaging; use the schedule supplied for your own operation.

Expected outcomes and recovery

Bone healing and functional improvement take months. Swelling can last much longer than early wound healing. Walking often improves when pain reduces, but the ankle remains permanently stiff and uneven ground or demanding sport may be more difficult.

When to seek urgent help

Seek prompt advice for rapidly increasing pain, spreading redness, wound discharge, fever, new numbness or a cast or boot causing pressure. New calf pain or swelling needs urgent assessment. Chest pain or breathlessness needs emergency help: call 999.

Your consent discussion

Ask which treatment best addresses your symptoms, what alternatives are reasonable, what the main risks mean for you, and what recovery will involve at home and work. This guide supports that discussion; consent is completed with your treating team. Your individual written instructions take priority.

Sources and further reading

Royal Orthopaedic Hospital: Ankle fusion

<https://roh.nhs.uk/services-information/foot-and-ankle/ankle-fusion>

RNOH: Ankle and hindfoot fusion

<https://www.rnoh.nhs.uk/patients-and-visitors/patient-information-guides/ankle-and-hindfoot-arthrodesis-ankle-and-hindfoot-fusion>

CLINICIAN-COMPLETED WORKSHEET

Your consent discussion

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This blank worksheet is not an executed consent. Complete it after clinical assessment with the treating clinician. The hospital or clinic must also complete its required consent process before treatment.

Patient name / identifier, date of assessment and communication support needed

Diagnosis, affected side / site and the proposed procedure or treatment

Reasonable alternatives discussed, including the option of no treatment

Expected benefit for this patient, limits of treatment and uncertainties

Material risks and personal risk factors - record the risks that matter to this patient

Patient's priorities, questions, understanding and agreed decision / time to consider

Treating clinician name, role and signature / date

Patient / representative name, signature and date - acknowledgement of discussion only

A signature here records a discussion; it does not replace a completed treatment consent form. You may ask further questions or change your decision before treatment.

CLINICIAN-COMPLETED WORKSHEET

Your rehabilitation and aftercare plan

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Complete this plan after assessment. The advice must match your injury or operation, imaging, wound and medical history. Do not start limb loading, remove protection or change medicines using an uncompleted worksheet.

Limb loading / weight bearing, walking aids, sling / cast / boot / brace and protection

Wound / dressing care, bathing, elevation and swelling advice

Medicines, pain relief, clot prevention and any treatment-specific restrictions

Exercises, physiotherapy, range of movement and progression criteria

Work, driving, sport and daily activities - individual restrictions / review points

Review date, imaging / tests, named clinician and routine / out-of-hours contact details

Clinician completing this plan, signature / date and patient questions

When to seek urgent help

Seek prompt advice for rapidly increasing pain, spreading redness, wound discharge, fever, new numbness or a cast or boot causing pressure. New calf pain or swelling needs urgent assessment. Chest pain or breathlessness needs emergency help: call 999.