

## ANKLE

# Total ankle replacement

Information about replacing an arthritic ankle, preserving movement and the possibility of future revision.

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

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## Understanding the condition

A total ankle replacement treats a painful arthritic ankle by resurfacing the tibia and talus. It aims to preserve useful movement, rather than create a normal ankle. Examination and imaging assess alignment, bone quality and the surrounding joints.

## Treatment options

Footwear adaptations, a brace, walking aids, physiotherapy, appropriate medication and injections may help. Ankle fusion is the main surgical alternative. Replacement suitability depends on activity goals, deformity, soft tissues, circulation and other health factors.

## What a procedure may involve

Damaged surfaces are replaced with metal components and a plastic bearing. Additional procedures may be needed to correct alignment or balance the foot. Your surgeon will explain the implant and any associated bone or tendon work; anaesthetic choices are discussed separately.

## Risks and benefits to discuss

Potential benefits are less pain and improved walking while maintaining some ankle motion. Risks include wound breakdown, infection, nerve injury, fracture, persistent pain, stiffness, blood clots and implant loosening or wear. A failed replacement may require another replacement or fusion. The implant is not guaranteed to last for life.

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

# Total ankle replacement

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

## Rehabilitation and aftercare

The ankle is initially protected. Keep dressings dry and elevate to control swelling. Walking aids, boot or cast use and movement exercises follow your individual plan. Bone correction or wound problems can change the schedule. Attend both early reviews and longer-term implant surveillance.

## Expected outcomes and recovery

Recovery develops over many months; improvement can continue towards a year. Low-impact activity is generally preferred. Pain relief does not guarantee substantially increased movement. Work and driving depend on function, safe vehicle control and clinical advice.

## 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

RNOH: Total ankle replacement

<https://www.rnoh.nhs.uk/patients-and-visitors/patient-information-guides/total-ankle-replacement>

Royal Orthopaedic Hospital: Ankle replacement

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

CLINICIAN-COMPLETED WORKSHEET

## Your consent discussion

Total ankle replacement

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

Total ankle replacement

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**

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**Wound / dressing care, bathing, elevation and swelling advice**

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

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**Exercises, physiotherapy, range of movement and progression criteria**

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

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

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**Clinician completing this plan, signature / date and patient questions**

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