

ANKLE

Ankle arthritis

Understand painful ankle arthritis, non-surgical treatment and the choice between fusion and replacement.

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

Understanding the condition

Ankle arthritis means damage to the joint surfaces between the shin bone and talus. It can follow a fracture, long-standing instability or inflammatory disease. Pain, stiffness and swelling may limit walking. Assessment combines your symptoms, examination and usually standing X-rays; scans may clarify deformity or other painful joints.

Treatment options

Supportive footwear, a brace, activity changes, physiotherapy and suitable pain relief can help. A targeted injection may provide temporary relief or help identify the painful joint. Continuing non-surgical care is an option. Surgery is considered when symptoms remain unacceptable despite appropriate treatment.

What a procedure may involve

Keyhole treatment may help selected problems such as impingement, but cannot reliably reverse widespread arthritis. For advanced disease, fusion joins the ankle bones and removes movement at that joint; replacement resurfaces the joint to preserve some motion. Alignment, bone quality, skin, nerves and activity goals influence suitability.

Risks and benefits to discuss

Both operations can improve pain and walking. Fusion has risks of failure to unite and additional load on neighbouring joints. Replacement has risks of loosening, wear and later revision. Both carry wound, infection, nerve, blood clot and persistent pain risks. No procedure guarantees a pain-free ankle.

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

Major surgery requires protection in a cast or boot, swelling control and staged rehabilitation. Plan for stairs, walking aids and help at home. Weight bearing and exercise depend on the operation and healing; follow your personal written plan.

Expected outcomes and recovery

Improvement is usually gradual over months. Walking may improve while stiffness, swelling or limitations persist. Work, driving and sport need individual advice; a replacement is generally intended for lower-impact activity.

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: Ankle arthritis

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

BOFAS: Ankle arthritis

<https://www.bofas.org.uk/hyperbook/ankle/ankle-arthritis>

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.