



Total Ankle Replacement (TAR)

What is an ankle replacement?

Osteoarthritis occurs when the cartilage lining the ankle joint has worn down to the extent that there is severe pain. The idea of ankle replacement is to remove the painful arthritic ankle joint and replace with a manufactured implant (a "prosthesis"). This principle has been applied very successfully in hip and knee replacements for well over 30 years, and you can now have almost any joint replaced, with varying degrees of success.

Why is it performed?

The primary reason for undergoing a TAR is pain. With a TAR, excellent relief of pain can be expected and some (but not all) movement is preserved at the joint. This means that TAR offers an exciting alternative to ankle fusion (the "Gold standard" operation) for severe ankle arthritis.

Nevertheless, we are cautious in offering this operation before considering the "down-side". TAR is not successful when there is any more than minor deformity at the ankle, and is not possible when there has been previous infection, neuromuscular disease or skin problems. Furthermore, about 1 in 5 ankle replacements wear out or loosen before 10 years. When this happens, the TAR usually cannot be revised (unlike hip and knee replacements), and has to be converted to a fusion.

For these reasons, TAR has to be "weighed up" against fusion for each individual, and this will be discussed at length with your surgeon.

What does the operation involve?

You will first be "pre-assessed" to ascertain whether you are fit enough to undergo the operation. The surgery is undertaken with special precautions to avoid infection, wound healing problems and deep vein thrombosis. The operation is usually performed under general anaesthetic, usually with a nerve block for pain relief, and an expected 4-day stay in hospital. An incision is made over the front of the ankle, through which all the surgery is performed. A temporary plaster cast is applied at the end of the operation.

What about pain?

Whilst you are in hospital you will be monitored and the medical staff will give you painkilling infusions, injections or tablets as required and prescribed. When you are at home you may find Paracetamol-based analgesics and/or Ibuprofen useful for controlling any pain. Instructions on management of pain will be given by the nursing staff before you leave the hospital.

How long does recovery take?

You will be encouraged to walk with the help of physiotherapists as soon as possible after surgery, but there may be an initial period non-weight bearing which will mean crutches or a walking frame.

Swelling is quite common after foot and ankle surgery and this is best managed by elevating the foot at regular intervals. You are advised to elevate the operated foot/ankle on a pillow every night and during the day on three separate occasions, e.g. 11am, 3pm and 6pm for about one hour each time. The above measures will help to reduce swelling of the ankle. These instructions should be followed for at least 2-3 weeks.



Your wound dressing will be changed and stitches removed (if applicable) at the clinic during your follow up appointment, which is usually 10-14 days after the operation.

After the wound check, you will usually be allowed to increase the amount of weight bearing, if the surgical wound is healing well. A walker boot is usually used until 6 weeks post-operatively.

You are advised not to fly after surgery for about 6 weeks. Driving an automatic car is usually possible after 2-3 weeks with a left TAR, otherwise driving is not permitted until at least 6-8 weeks. You may return to an office-type job at 2-3 weeks, but if prolonged standing is required, 2-3 months' leave may be required.

What can go wrong?

All operative interventions have an inbuilt risk and complication rate. The risks following TAR include:

- Complications of the anaesthetic procedure.
- Infection (in the wound or the joint replacement itself).
- Wound healing problems (if serious may require plastic surgery).
- Excessive bleeding / blood vessel damage.
- Injury to a nerve.
- Deep vein thrombosis (clot in a vein).
- Pulmonary embolus (clot in the lungs).
- Stiffness (inadequate range of movement).
- Residual pain.
- Collapse / deformity of the foot.
- Loosening or wear requiring revision surgery.

The above complications are rare but can occur.