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Ankle Replacement Surgery

Q&A from TMJ4's Morning Blend Show (aired 8/31/09)

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Ankle replacements aren't heard of as much as, say, hip or knee replacements. Are they becoming more popular/needed?

Yes, ankle replacement surgery is now a much more accepted surgical option for the treatment of ankle arthritis, similar to that in the hip and knee. However, this has not always been the case. In the 1970's, ankle replacements were being developed alongside hip and knee replacements. Unfortunately, these earlier designs failed over time and so by the 1980's the procedure was largely abandoned and an ankle fusion became the accepted treatment for ankle arthritis. By the mid 1990's several large centers succeeded in developing reliable systems and surgical training so in 2009, the ankle replacement is a recognized and acceptable surgical option for patients with painful ankle arthritis.

What advances have there been in ankle surgeries?

Treatment advancements involving foot and ankle problems have exploded over the past 20 years. This is largely due to recognition that foot and ankle conditions have to be examined in the context of the entire limb and not as an isolated malady. This means that we are now in a position to successfully reconstruct painful foot deformities including bunions, foot arthritis, and flat foot conditions. Arthritis of the foot and ankle can be addressed. Chronic Achilles Tendon disorders can be corrected. Limb deformities from previous injuries can be corrected. Thanks to these advancements, we are now better able to get folks walking again.

Why does someone have an ankle replacement? What are the differences between ankle FUSION and ankle REPLACEMENT?

Most ankle arthritis results from a previous injury such as a broken bone or previous ankle sprains. In contrast, hip and knee arthritis evolves over time through wear and tear of the joint.

A total ankle replacement or an ankle fusion procedure reduces pain from ankle arthritis. The main difference is that an ankle replacement preserves the motion of the joint and the fusion eliminates the ankle motion. An ankle fusion is a durable and hardy solution for ankle arthritis, but over time, the loss in flexibility puts greater stresses on the adjacent joints of the foot and can lead to arthritis there. With the ankle replacement, we are able to preserve this motion, patients have been shown to have a more normal walking stride and hopefully the ankle replacement will lessen the chance of adjacent joint arthritis in the foot.

Several studies now have shown greater movement of the ankle and a reduction of limp when comparing an ankle replacement vs. an ankle fusion.

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The term ankle replacement, I think, can be a bit confusing. You're not actually replacing the entire ankle, right?

The ankle replacement procedure usually involves removing the diseased segment of the ankle joint including bone and cartilage, and replacing this segment with a metal-plastic joint. This eliminates pain by providing a new, smooth surface which the joint ankle can now move around.

How long does an ankle replacement last?

That really is the million dollar question. No one really knows just yet since most of the current ankle replacements have been performed over the past 10 years. The intermediate outcome studies suggest between 80 % - 90 % survival approaching 10 years of follow-up.

What is the normal rehab time frame?

The procedure is performed in a hospital setting, but many of my patients are able to leave the following day. Patients are in a cast boot and on crutches for 6 wks. They then begin physical therapy and learn to walk with their new ankle and progress over the next 4 – 6 months. I think ultimate recovery is at a year, but many of my patients have offered that their arthritis pain was eliminated almost within the first week of surgery.

Who typically receives an ankle replacement?

Ankle replacements are recommended for patients with painful ankle arthritis who have been unsuccessfully treated with non-surgical care. Since ankle arthritis mostly follows an injury, the patients often present at a younger age in contrast to patients with hip and knee arthritis. Ideally we would wait until at least 50 years of age, but my youngest patient was a 31-year-old woman with Rheumatoid Arthritis. The operation is intended to get people walking and active again; however, realistically it would not allow for high-impact sports such as running.