Total Ankle Replacement

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Transforming patient information into patient understanding.

Last week we covered a lot about ankle arthritis and its treatment up to the point of total ankle replacement.

I think it is possible a lot of people are not even aware that ankle replacements are done like total hip and total knee replacements. In my practice the ratio of total knee replacement to hip replacement is about 7:1. Most Orthopaedic Surgeons have about that same ratio. Lots more knee replacements than hip replacements nowadays. Then the number of ankle replacements is tiny compared even with total hip replacement. No one is quite sure why this is, but it is very definite.

Ideal Patient

The best candidate for a total ankle replacement is a person over the age of 60, normal weight, engaging in only moderate activities. The older, less active person will put less stress on the replaced ankle joint, so it will last for a longer period of time.

Last Resort

Regardless of age, total ankle replacement is a last resort. The procedure requires an overnight stay in the hospital and takes about two hours surgery time.

The end of the tibia (shin bone) and talus (ankle bone) are replaced with metal and plastic. In ankle fusion the two bones are joined or made solid. No movement.

The goal of ankle replacement is to relieve pain and to preserve some movement in the ankle for better function. If there is no movement in the ankle you cannot possibly walk without a limp. If your ankle has some motion you may be able to walk without a limp, but it’s not guaranteed. I hope the patient can get back to some of the activities they did before.

Recovery

Physical therapy programs vary widely from one place to another, but therapy is an important part of the total ankle program. Restoring range of motion and strength are not easy. Recovery can take two or three months. Eventually I hope each patient will be able to move the foot up and down as well as walk and participate in low impact activities.

Patient Satisfaction

About 90% of patients who have ankle replacement are satisfied with the results. Potential problems include loosening of the artificial joint from the bone and wearing out of the parts. Other risks are rare including infection, nerve injury and blood clots.

It can be a good procedure as a last resort in a properly selected patient. I hope these two weeks on the ankle have been a benefit to you in expanding the scope of your Orthopaedic knowledge.

My patients put their trust in me and what I do improves the quality of their lives.

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You get 1) The Office Website and Library 2) Your Orthopaedic Connection 3) GCH Archive of every article I have written for you.

Good health. Good life. All the best to you.

Be well.

Dr. Haeverbush