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Ankle Fusions

Ankle fusions are performed to decrease pain in the ankle caused by osteoarthritis, rheumatoid arthritis, or traumatic arthritis. Ankle arthritis is a condition where there is destruction of the ankle joint, loss of joint cartilage causing bone to rub against bone. This condition could become very painful and debilitating. If discomfort persists despite conservative treatment, then surgery needs to be considered. This is a "wear and tear" type of arthritis that deteriorates the cartilage causing pain and stiffness in the joint. The goal of surgical correction is to alleviate bone rubbing on bone by fusing the ankle bones together with screws and possible bone graft. Most patients who have had an ankle fusion surgery report increased pain relief and some stiffness.

Surgery

The main goal of your surgery is to decrease pain symptoms, get the best possible relief of your pain, and cause as little of an inconvenience to you and your family as possible. You will stay in the hospital for 2-3 nights.

Your ankle surgery is done at the Hospital for Special Surgery which is located at 535 East 70th Street between York and the river. It is done as an inpatient procedure. You will arrive at the hospital the day of surgery. The type of anesthesia used is usually an epidural (spinal) where an anesthetic block is administered that will anesthetize/numb below the waist. You will speak to the anesthesiologist prior to surgery and can be as sedated as you would like. You will have an intravenous (IV) running throughout the procedure.

Do not eat or drink anything after midnight the night before surgery. You may take your high blood pressure medications with a small sip of water. Stop all aspirin, Ibuprofen, Advil, Motrin, Aleve, Naprosyn or any other NSAIDs-non-steroidal anti-inflammatories one week before surgery. These medications thin your blood and may delay bone healing. Mobic/Celebrex can be taken up to a week before surgery. If you take Prednisone or any other steroid, the dosage should be reduced as much as it is safely possible as steroids delay wound and bone healing. Any Rheumatoid Arthritis medication such as Enbrel, Remikade, Humira, or Methotrexate should be stopped 1-2 weeks before and after surgery. If you take a blood thinner such as Coumadin, please let us know and we will speak to your primary care physician about safely stopping it.

Blood thinner/Coumadin Therapy

If you are overweight, have a history of blood clots/phlebitis, smoke, or take hormone replacement therapy, you may be at a higher risk for a post operative blood clot due to the use of a cast. Your medical doctor and Dr. Deland may put you on an Aspirin daily, Lovenox injections daily, or Coumadin therapy (a blood thinner) to prevent a post operative blood clot. If you are on Coumadin, you will need to have a blood test done 1-2 times a week to monitor the dosage of Coumadin. Your medical doctor will follow these blood tests post operatively.

Preoperative Medical clearance

You will need to have preoperative screening done at the Hospital for Special Surgery. This includes lab work, a chest Xray and EKG (if indicated) as well as a physical examination by an HSS Medical Doctor medically clearing you for surgery. If you have any previous medical problems, please call Dr. Deland's Nurse Practitioner, Kristine, prior to surgery.

Swelling and Elevation

After surgery, your operative leg will be placed in a plaster splint below your knee. This splint like cast will accommodate postoperative swelling. However, you should spend the first 10-14 days after surgery elevating your operative leg. This means you keep your toes above your heart or at the level of your nose 90% of the time. You may get up to use the restroom and eat your meals but the majority of the postoperative period should be elevating your leg. This elevation helps decrease pain, decrease swelling, and therefore decrease the risk of infection. Your foot will begin to throb, swell, and become more painful if you are not elevating it enough.

Crutches/Walker/Roll-A-Bout

Most fusion surgeries require you to be non-weight bearing for the first **6-8** weeks after surgery. This means you will use crutches or a walker to keep all your weight off the operative ankle. The Roll-A-Bout device is a 4 wheeled walker that you can order which may be easier depending on your lifestyle needs.

Pain Control

In the first 48-72 hours after surgery, you should take your pain medication every 4-6 hours. Do not take your pain medication on an empty stomach. You may be given a prescription medication, Vistaril (Hydroxyzine Pamoate), which may be taken with your pain medications to decrease nausea caused by the pain medications. **Take 1-2 Advil 200mg tablets every 4-6 hours with food for the first 3 days after surgery. This will help decrease pain symptoms and postoperative inflammation.** After Postop day 3, do not take Advil, Ibuprofen, or any other NSAids (non steroidal anti-inflammatories) because these medications may delay bone healing.

Vitamin D Level

A normal Vitamin D level is imperative for good bone healing after surgery. Your Vitamin D level will be checked prior to surgery. It is recommended you take over the counter Vitamin D3 1000mg 1-2 daily after surgery

Bathing

It is crucial that your splint remain dry and intact during the first 2 weeks after surgery. We recommend a "bird bath" for the first 2 weeks. You may also obtain a plastic cast covering called Seal Tight (purchased at your local surgical supply store) to cover your dressing so you can sit and shower. If your splint gets wet please call and come in for a splint change.

Physical Therapy

Physical therapy for upper body strengthening and the unoperative leg strengthening is fine postoperatively, however, we will delay formal PT until a few months after surgery for the operative leg. We will teach you exercises to do on the operative foot when it is appropriate.

Shoewear

After approximately 14-16 weeks after surgery, you can start progressing to wearing a sneaker. Sometimes swelling lasts for up to 9-12 months so a wider, larger size sneaker may be necessary.

Stainless steel hardware

Ankle surgeries require the use of stainless steel screws, which stay in permanently unless they begin to bother you. This hardware may or may not set off airport alarms. You can obtain an airport hardware card in the office.

Work

If you have a sit down job you may return to work 10-14 days after surgery. Jobs that require standing or moving around should be returned to later and we can discuss this. Commuting to work on a crowded subway, train, or bus is not recommended while you are non-weight bearing.

Driving

If your surgery is done on the right ankle, we do not allow driving for 6-8 weeks. If the left side is operated on, you may drive after 2-3 weeks.

Scar Healing (see Scar Healing handout)

Once cast is removed, you may use silicone gel strips, Vitamin E, Cocoa butter, etc. for scar healing.

Complications

With any type of a surgery there is a small chance of a wound infection. If a wound infection does occur we will treat you with the appropriate antibiotics. After surgery, you may feel some stiffness in your ankle. We will teach you exercises to decrease this stiffness and increase your overall foot and ankle motion.

Patient Contact

If you would like to speak to a patient who has had similar surgery, please contact or email Kristine in the office.

Surgical correction of ankle arthritis should give you substantial relief. We are committed to your receiving excellent care. If you have any questions or problems, do not hesitate to call Kristine Viscovich, Nurse Practitioner or Dr. Jonathan Deland at 212-606-1665 or e-mail viscovichk@hss.edu

Ankle Fusion

Post Operative Visits	First Visit 12-14 days after surgery	Second Visit 6-7 weeks after surgery	Third Visit 11-12 weeks after surgery	Fourth Visit 16 weeks after surgery
Treatments	<p>You will be seen by the Nurse Practitioner, Kristine</p> <p>Stitches/staples will be removed</p> <p>You will remain non weight bearing in a fiberglass cast below your knee until your next appt 6 weeks after surgery</p> <p>Use crutches/walker. Roll-a-bout</p>	<p>You will be seen by Dr. Deland and Kristine</p> <p>Cast is removed. Non weight bearing ankle x-ray is done.</p> <p>A non weight bearing, new fiberglass cast is applied</p>	<p>You will be seen by Dr. Deland and Kristine</p> <p>Ct Scan is done at HSS Radiology dept in the cast</p> <p>Cast is removed in the office</p> <p>Non weight bearing ankle x-rays</p> <p>A weight bearing fiberglass cast and/or removable boot is applied</p>	<p>You will be seen by Dr. Deland and Kristine</p> <p>Weight bearing ankle x-ray</p> <p>Usually can walker removable boot and progress to wearing regular shoes/sneakers</p> <p>Begin most of your usually physical activities</p>