

TOTAL ANKLE REPLACEMENT - POSTOPERATIVE INSTRUCTIONS

ACTIVITY/SELF-CARE

- Right after the surgery, you should only walk short distances, such as going to the bathroom and back to your bedroom or living room.
- The splint will be removed on the first post-operative visit and you will be wearing a walking boot.
- Wiggle your toes several times an hour to maintain circulation.
- Getting dressed - first, put clothes on the operative side.
- Undressing - first, remove clothes from the non-operative side.

WEIGHT BEARING

- You will be non-weight bearing for 2 weeks, and you must use a walking aid (crutches, walker, wheelchair, knee scooter) for your comfort.
- After the first postoperative visit, you will still need the assistive device to help with the transition from non-weight bearing to full-weight bearing with a walking boot.
- You should start by taking short walks. This will prevent further swelling and pain.

PAIN MANAGEMENT

- Medication, limb elevation, ice therapy and rest are essential in pain management.
- The usual regimen we use is a combination of acetaminophen, anti-inflammatory drugs, and narcotics.
- Taking your pain medicine as prescribed by your surgeon regularly will help you manage your pain more effectively, even if you are in mild pain.
- Strong painkiller (hydromorphone, morphine, oxycodone, etc) has been prescribed, so don't wait until the pain is severe. Use strictly as prescribed by your doctor. Do not take an extra dose.
- In case of remaining pills, you should return them to the pharmacy. If it is not possible to do that, it is recommended to take medications out of the container, mix them with unpalatable substances, such as used coffee grounds, dirt or kitty litter, sealing in a plastic bag, and throwing in the trash.
- **IF HAVING A NERVE BLOCK:** it is important to start taking regular pain medication before the nerve block wears off (see the Nerve Block HANDOUT for more information).

WOUND CARE/ BATHING

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- If you are using a dressing, make sure the dressing is for a sterile environment. If a plastic (if used) is used to keep your foot/ankle dry, you can also purchase a leather or plastic protector.
- If non-absorbable sutures or staples are used, they will be removed at the 2-week postoperative visit.

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BLOOD THINNERS

- During your hospital stay may be given to you oral or injectable blood thinners but you may not need them after hospital discharge. Follow your doctor's prescription.

COLD THERAPY (ICE)

- **DO NOT** use cold therapy if your nerve block is still in effect. You should wait until your function and normal sensation have returned (**IF HAVING A NERVE BLOCK**).
- The ice pack must be large enough to cover the front area of the foot/ankle.
- You could apply ice for up to 15-20 minutes, remove it for an hour and repeat the application 6 to 8 times a day, always with one-hour intervals. Remember that you must put a thin towel between the ice/ice pack and your skin.
- If you are using a CRYO THERAPY UNIT please follow the manufacturer's directions.
- **DO NOT SLEEP WITH ICE.**

PHYSIOTHERAPY

The goals of physiotherapy are:

- Gait re-education with the use of the assistive device.
- ADLs (activities of daily living) with safe and independent walking aid use.
- Gait training to ensure safety and to normalize pattern as weight bearing is allowed.
- Increase range of motion of foot and ankle.
- Maintain range of motion and strength of hip/knee/core.

At Footbridge Clinic we have a Physiotherapy team that is used to our protocols and will instruct you from the pre-operative period until the end of your rehabilitation. If you already have a physiotherapist, you should contact them so that you can book your appointment.

NERVE BLOCK

- A nerve block can last anywhere from a few hours to over 36 hours, but usually this is between 12-24hours. Patient will generally be in hospital during this time.
- Once the nerve block begins to wear off the weakness starts to improve and you may experience pain or a tingling sensation. At that time consider taking your pain medicine. Do not wait until the pain gets strong to take the medication.
- If you still feel numb at bedtime on the night of surgery, your nerve block could wear off in the middle of the night. It is recommended to take your pain medication before going to sleep, even if you have no pain or discomfort so that you won't wake up in severe pain.
- **Do not use cold therapy if your nerve block is still in effect. You should wait until your function and normal sensation have returned.**

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DRIVING

- You should not drive until you have normal function of right ankle and you are cleared by your doctor. Likely that will be around 2-3 months.
- Avoid driving if you still need to wear a walking boot.

RISKS and COMPLICATIONS

Despite having a high success rate, complications can occur. Some complications may require follow-up operations.

- Infection
- Wound-healing problems such as scabbing and slow healing
- Failure of the bones to heal together
- Failure of the bones to heal to the prosthesis
- Numbness or tingling lasting weeks to months
- Nerve, blood vessel damage
- Loosening or wearing out of the artificial components
- Fracture of the bone adjacent to the prosthesis
- Blood clots
- Other: depending on your medical condition

It is common to have swelling and bruising around the wounds. The bruising changes colour over time from red to yellow or green.

Contact Footbridge **Wound Care Resource line: 778-945-6756, Ext 8** if:

- Pain on your CALF, BACK OF KNEE, THIGH or GROIN.
- Increased swelling on the operated thigh, knee or leg.
- Body temperature above 38 Celsius/101 Fahrenheit.
- Increased warmth, redness, and swelling around the wound.
- Increased fluid leaking from the wound.

CALL 911 if:

- You have trouble breathing.
- You have chest pain.
- Anyone noticed that you lost consciousness.