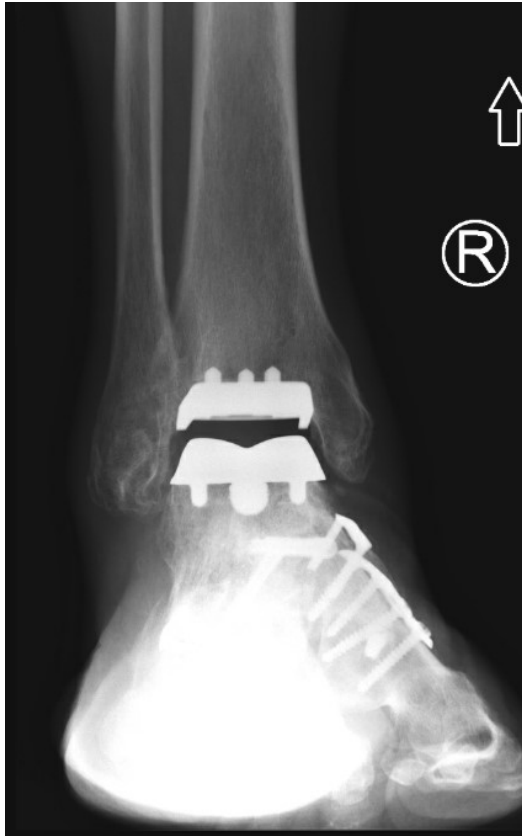


## Total Ankle Replacement (TAA)



Arthritis is when the cartilage is damaged or worn away and no longer provides the cushion to allow the smooth motion between the bones. When non-surgical options such as injection, braces, and activity modification have not provided sufficient relief, surgery can be considered. There are two major options that are currently available for ankle arthritis - a fusion/arthrodesis or an ankle replacement. We perform both of these surgeries as the most appropriate option is dependent on many factors and the functional needs of the patient. Both surgeries can provide a significant amount of relief and improved function, and the best one for the patient is individualized and a mutual decision is made on what is best between the patient and the physician. A patient with a successful ankle replacement is one of the most satisfied and happy patients that we are fortunate enough to treat.

An ankle replacement is an alternative to the more traditional surgical technique that is an ankle fusion. Ankle replacement surgery has a long history of being performed and is not an experimental operation. Significant advances in technique, instrumentation, and the implants have allowed surgeons to improve tremendously upon the outcomes that were reports in the 1970s and 80s. Advances in total ankle replacement are continually being made, with improvements in both implant design and technique. At

Northwestern, we use custom made patient specific cutting guides based off of a CT scan of your ankle to ensure that we are able to provide the most accurate positioning of the implant. We have experience in both primary (first time) and revision ankle replacement as well. The goal of an ankle replacement is to remove the damaged cartilage and replace those parts of the ankle with metal and plastic to allow for a smooth motion between the leg (tibia) and the foot (talus). In an ideal situation, the pain is minimized or eliminated completely with the preservation of motion of the ankle. All of the motion of ankle cannot be maintained as there is some scarring that occurs with surgery.

Outcomes from modern total ankle replacement are similar to those of ankle fusions in the right patient. When considering to surgically treat ankle arthritis with a fusion or replacement, the decision is not isolated to preserving motion or not. We take multiple factors into consideration when determining what the best option is for you and your ankle. Patients who have significant motion, moderately active lifestyle, arthritis in the hindfoot (joints below the ankle) are excellent candidates for an ankle replacement as opposed to a fusion. In each case, however, we take into account, the patient's health considerations and risk profile. Ankle replacements are a mechanical device and similar to hip and knees will not last forever, and will wear out over time. Current data suggests that most replacement will be viable at 10 years out from surgery in 80-85% of patients. Many patients who choose an ankle replacement may require minor surgery within the first 4 years and a revision/redo ankle replacement or conversion to a fusion at some point in their life despite a well done surgery.

The surgery is done on an outpatient basis with the use of regional anesthesia at our institution. We allow controlled weightbearing in a cast at 2 weeks from surgery to encourage bony ingrowth into the implant and minimize the risk of loosening. 6 weeks from surgery, we initiate therapy and progress to weightbearing in a boot. 3 months from surgery, most patients are walking in a gym shoe and progressing in therapy. Return to activities such as walking, biking, hiking, elliptical, gardening are encouraged. Returning to impact activity such as running, jogging, tennis, etc are not encouraged to prolong the longevity of the implant.