TOTAL ANKLE REPLACEMENT

DR. BERNARD BURGESSON

PRE-OP

After your consultation with Dr. Burgesson, you will be contacted to book your surgery.

Dr. Burgesson uses the Stryker Prophecy Infinity total ankle replacement system. This system creates custom guides for your ankle. You will be required to get a CT scan within 6 months before the surgery which allows for the creation of these guides. The CT department will call you to set up the appointment. Upon completion of the CT scan, Dr. Burgesson's office will contact you to discuss results and make a surgical plan. This can take several weeks.

A few weeks before surgery, you will be contacted by OrthoRx, they will assist in ensuring you have all mandatory devices for your surgery and provide information regarding additional items that are useful for rehab and recovery.

The pre-admission clinic will be in touch a few days before your surgery to go over any fasting instructions, testing that may need to be done pre-operatively, and to go over medications and anesthesia.

You will be contacted by Daniela from Arthritis and Injury Care pre-operatively to go over your rehabilitation process and what to expect.

DAY OF SURGERY

Do not eat anything the day of surgery.

POST-OP

MEDICATIONS

You will be given a prescription for pain medication and Aspirin (blood thinner) on the day of your surgery.

Pain medication should be used regularly for the first 24-48 hours, when required for the first 1 to 2 weeks, followed by Regular Tylenol.

Aspirin should be taken for 14 days (unless you have an allergy to aspirin).

WOUND

The surgical incision has been closed with sutures. Do not get the cast wet for the first 6 weeks. When showering, place a waterproof cover over the cast to avoid the cast and wound getting wet.

When showering is permitted, let soapy water run over the incision. Do not scrub the incision site. Pat to dry and avoid rubbing. Do not immerse the foot in water (bath, hot tub, pool).

Strict elevation of the extremity is best for the incisions, especially over the first two weeks following surgery.

Do not apply any lotions or creams on the wound.

DRIVING
For right foot surgery you are not permitted to drive until you have completely weaned off the boot.

For left foot surgery, please contact your insurance company to see if you are permitted to drive.

Driving is not permitted while on narcotics.

WORK
Two weeks off work is recommended for initial recovery.

If you are able to get to work safely, and will be seated for the majority of the day, you may return to work after 2 weeks. This is assuming you are not taking narcotic pain mediation. From 2-8 weeks sedentary duties is recommended.

By 8 weeks you can gradually return to full duties.

If your job is physically demanding, return to full duties is usually possible around 12 weeks post operatively.

RECOVERY
It is normal to experience mild to moderate pain, numbness, or tingling for the first 2 weeks following surgery. Please come to the emergency department if you are suffering from severe pain.

You will get back to most of your activities by 6 months.

Swelling often remains for 6-12 months.

You are expected to experience a FULL recovery (no pain, no swelling, ability to walk, etc.) in 9-12 months.

CAST / BOOT
You will be non-weight bearing in a cast for 2-3 weeks. Please bring your crutches/knee scooter with you to the hospital on the day of surgery.

You will transition to your walking boot at your 2-3 week follow-up appointment. Please be sure to bring your boot with you to the hospital for your follow-up appointments.

While in your boot, we would also recommend a 20-30 mmHg compression sock.

At 8 weeks, you will wean off the boot and begin walking in a regular shoe.

PHYSIOTHERAPY
2 weeks after surgery you will be referred for physiotherapy.

orthoRx
est. 2022

TOTAL ANKLE REPLACEMENT

POST-OPERATIVE PROTOCOL TIMELINE

0-2 WEEKS

GUIDELINES

- You will be non-weight-bearing in a splint / cast
- You will be using, crutches, a walker, iWalk or knee scooter
- Active range of motion of hip and knee can be performed
- Toe flexion/extension movements can be done in your splint
- Rest and elevation of limb above heart for the majority of the day

GOALS

- Activities of daily living performed safely and independently
- Control swelling and pain
- Improve blood flow

2-6 WEEKS

GUIDELINES

- 1st post-op visit at Foot and Ankle Clinic at 2-3 weeks post-op
- Splint removal, changed to walker boot if sutures can be removed. Bring your boot to this appointment.
- Seen by Physiotherapist and taught AROM of ankle; also "spell the alphabet with your foot"
- Keep boot on at all times except remove for: 6x/day to do exercises, showering and hygiene.
- You may remove your boot while sleeping
- Can fully weight-bear at 3 weeks when standing still and begin "touch-weight-bearing" during gait (begin at 25% of body weight and advance weekly until fully weight bearing.)
- Static quad exercises

GOALS

- Activities of daily living performed safely and independently
- Control swelling and pain
- Improve blood flow

6-10 WEEKS

GUIDELINES

- Starting at 8 weeks post-op, begin weaning from boot to weight-bearing as tolerated in a sneaker with protective ankle brace as long as wound is completely healed
- Practice standing, weight shift, and small periods of walking out of the boot. Gradually increase time and distance in order to be completely out of the boot by 10-12 weeks post-op
- Active Range of Motion at ankle as directed by therapist
- Core exercises – recruit transversus abdominus
- Hip strength: glut med/abduction
- Elevate to control swelling
- Joint mobilizations
- Scar massage
- May begin swimming at week 10 if wound healed and safe to get in and out of pool

- Begin cycling on stationary bike between 6-8 weeks (first in boot, then in an ankle brace once out of boot)
- Increase ADL
- TED stocking as necessary for edema control

GOALS

- Activities of daily living performed safely and independently
- Control swelling and pain
- Improve blood flow
- Maintain ankle ROM
- Maintain hip & knee ROM/strength
- Improve core strength
- Safe use of crutches/walker
- Increase mobility
- Weight-Bearing as tolerated out of boot and into shoe

10-14 WEEKS

GUIDELINES

- Scar massage
- Heat
- Joint mobilizations
- Stationary bicycle
- Gait training
- Low level balance
- Proprioceptive exercises
- Progressive strengthening of hip, knee and ankle
- Continue core strengthening

GOALS

- Increase core, hip, knee and ankle strength
- Safe gait with/without walking aid

14-16 WEEKS

GUIDELINES

- Begin unilateral stance exercises
- Bilateral heel raises progressing
- Unilateral heel raises
- Higher level balance & proprioceptive exercises

GOALS

- Ambulation with no walking aid
- TARGET ANKLE ROM
  - Dorsi Flexion: 10 degrees
  - Plantar Flexion: 30 degrees
  - *This will be dictated most, however, by patient's preoperative ROM*

16+ WEEKS

GUIDELINES

- Return to normal activities i.e. golf & tennis
- Avoid high impact or pivot/contact sports for 6 months
- Educate about antibiotic prophylaxis before dental procedures and/or other potential infections. Preventing infection is crucial for the long-term success of the ankle implant, and dental work is a common source of transient bacteria in the bloodstream.

GOALS

- FULL STRENGTH!

IMPORTANT FOOT/ANKLE POST-OPERATIVE INSTRUCTIONS

You have just undergone trauma or reconstructive surgery of the foot/ankle by Dr. Bernard Burgesson in the operating room at either the QEII Health Sciences Center, Dartmouth General Hospital, or Scotia Surgery. These instructions are very important to help you heal safely and get the best result.

BLOOD CLOT PREVENTION

- After foot or ankle surgery, there is a small risk of blood clots
- You have been prescribed one of the following:
  - Aspirin 81 mg twice daily, or
  - Eliquis 2.5 mg twice daily
- Take this medication exactly as prescribed
- Your surgeon will review whether to continue or stop it at your first follow-up visit.

ANESTHETIC EFFECTS

- You may feel tired, nauseous, or foggy for 24–48 hours after surgery.
- If you had a nerve block, your foot or leg may be numb or weak for several hours (sometimes up to 24 hours).
- Do NOT walk on the operative leg while the nerve block is active — this increases the risk of falling.
- Start your pain medication before the numbness fully wears off to stay ahead of the pain.

MEDICATIONS

- Some pain is normal after surgery. You may be prescribed:
  - Hydromorphone for pain
  - Vitamin C
  - Vitamin D
- Do not drink alcohol, drive, or operate machinery while taking narcotic pain medication. Narcotics commonly cause constipation — use laxatives or stool softening foods if needed.
- Stop the medication and call the office if you develop rash, breathing problems, confusion, or severe stomach upset.

ACTIVITY

- Do NOT put weight on your operated leg unless specifically told otherwise.
- Keep your leg elevated as much as possible, especially for the first 2 weeks.
  - **This is the most important part of recovery as it reduces pain and swelling.**
- Swelling, redness, or throbbing when your foot is down is normal and usually improves with elevation.
- Avoid strenuous activity, long periods of standing, or stair climbing.

Simple Exercises (While Resting)

- Wiggle and curl your toes.
- Tighten and relax your thigh muscles.
- Straight leg raises if comfortable.
- These help prevent stiffness and blood clots.

FALL PREVENTION

- You may feel unsteady, especially in the first 24 hours.
- Clear tripping hazards at home.
- Have someone help you move around if needed.

WOUND & DRESSING CARE

- Do NOT remove your bandage or splint.
- Keep it clean and dry until your follow-up visit.
- You may shower if the leg is fully protected with a waterproof cover.
- Some light staining on the bandage is normal.
- Call the office if:
  - Bleeding spreads or lasts more than 48 hours
  - The dressing feels very tight and does not improve with elevation
  - Your toes should look pink and warm and be movable (unless you have
  - pins)

DIET

- Start with liquids and light foods. Return to your normal diet as tolerated.

WHEN TO CALL/EMAIL (902-473-7137)

- Fever or chills
- Increasing swelling or numbness
- Severe pain not controlled by medication and elevation
- Increasing drainage or soaked bandage
- Any concern that worries you

Go to the Emergency Department if it is after hours or you cannot reach the office.

FINAL NOTE

- Most pain improves significantly within 48–72 hours if you stay elevated and take pain medication as directed.
- The first two weeks after surgery are the most important for avoiding complications.
- Protect your foot, rest, elevate, and follow these instructions carefully to give yourself the best chance of a smooth recovery.