

THE INS AND OUTS OF ANKLE REPLACEMENT SURGERY

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Bob and Sylvia Forbes with their poodles Heidi & Max heading out on another road trip.

I am an active and reasonably fit 70-year-old retired guy, used to doing all my yard work and various other home-improvement projects. I also like hiking with my wife and dogs, riding my e-bike, playing a little tennis, and taking the boat out from our home to the Chowan River in North Carolina to cruise and fish. But all those activities started to become more difficult around a year ago due to an increasingly nagging pain in my right ankle whenever I put weight on it, accompanied by inflammation and swelling.

My primary care physician referred me to a foot and ankle specialist, who ordered x-rays, which showed considerable damage to my right ankle, likely due to several sports injuries and years of wear. He gave me a steroid injection and ordered magnetic-resonance imaging (MRI), which confirmed I had lost most of the cartilage in my right ankle. The bones of my ankle were grinding against each other when I walked, wearing it down and inflaming the surrounding tissue. It was obvious to me, at least, that I

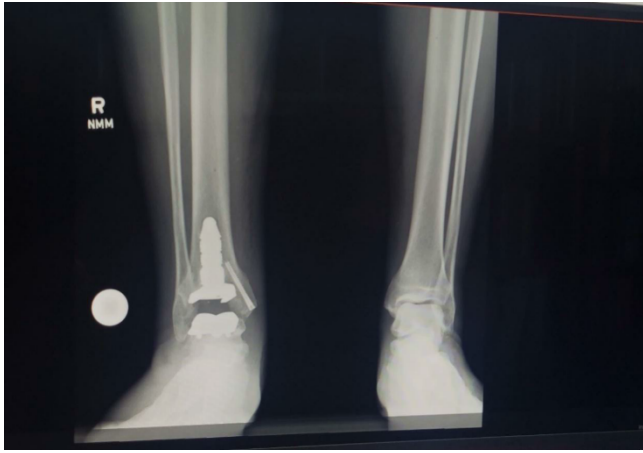
needed to explore options for relief. To ease the inflammation and pain, I started wearing an ankle brace and I got steroid injections every 2-3 months. Those efforts gave me little relief and my ankle continued to degenerate.

My foot-and-ankle specialist referred me to an orthopedic surgeon at Duke Hospital, the premier medical institution in my state. The surgeon ordered additional x-rays and a CT-scan, which developed some amazingly detailed 3-D images that I could rotate with my computer mouse, like the CADD technology used for building information modeling (BIM) designs.

The x-rays and scans showed that my ankle would be a good candidate for reconstructive surgery, for which I had two basic choices: (1) ankle fusion, or (2) ankle replacement. Ankle fusion would be the simplest option, but it would stiffen my ankle joint and result in some loss of mobility, which could affect some activities like tennis. Ankle replacement is a more invasive and complicated procedure, but its average success rate for returning to nearly full mobility now approaches 90%. With my ankle pain and bone wear increasing every day, ankle replacement surgery seemed like pretty good odds to me.

I made the decision for ankle replacement last September, received timely approval from AETNA Medicare Advantage, and scheduled my surgery for November 2. It was a three-hour procedure under full sedation including nerve blockers, so I had to spend the night at the hospital in recovery. I was still “out of it” on the nerve blockers and pain killers when they released me to my forbearing wife the following day, about to embark on a long rehab period. She needs a medal of valor for putting up with me over the last 3 months.

The recovery period for an ankle replacement requires patience and planning. My surgeon’s directive was to put no weight on my foot for at least six weeks. I couldn’t drive, leave the house, or even get upstairs. We put a bed in the den downstairs where I slept, and I used a knee scooter to move around in my limited confines. I kept the surgical cast on for three weeks, then it was changed to a fiberglass cast that I wore for another three weeks. I entertained myself mostly by reading, playing guitar, surfing the internet, and watching TV. Still, it felt like I was under house arrest; not being able to get outside was driving me stir-crazy!



Here is a recent x-ray showing a front-facing view of my ankles, repaired right ankle at left. My new titanium hardware shows up bright white and includes a large screw drilled into the marrow of my tibia, along with a smaller screw drilled into the tibia at a diagonal to hold things in place. On top of my foot is a titanium cap that replaces my top ankle bone, much of which I had lost to bone-grinding wear. The dark space between those titanium pieces is a plastic insert that replaces my lost cartilage. The plastic insert is affixed to the base of the tibia bolt but is free to slide over the ankle cap that it rests upon, which allows for some ankle rotation.

It's been three months since the surgery, and I'm getting back to somewhat normal activity. I wear Birkenstock slippers around the house; they have a lifelong customer in me. When I go outside, I wear compression socks, an ankle brace, and shoes by Orthofeet. My ankle is stiff and sore from scar tissue that is still healing, but the joint feels stronger and considerably less painful than it did prior to my surgery. I'm back to walking, cycling, swimming, yard work, and doing most everything my wife tells me.

One of my primary goals is to get back on the tennis court by May, so I can be ready to play our granddaughter again when she spends most of July with us. I taught her tennis a couple of years ago, and she is now ranked #2 on her high school team. I need to play well enough this summer to challenge her abilities and help propel her to the next level. Goals keep us going!

In conclusion, ankle replacement seems to be working out well for me. My repaired ankle is slightly stiffer and a bit larger than my other ankle, but its range of motion is good and it feels strong when I put all my weight on it. I've even stopped wearing an ankle brace except when I'm doing something really strenuous. I'm glad I bit the bullet and got it done, mostly because I can now look forward to doing things this spring and summer that were quite painful to me a year ago. And last but not least, my Medicare insurer has basically covered all costs with no questions or disputes. Here is a [link](#) to a good description of today's ankle-replacement technology:

Perhaps my experience will be useful to some of you who may be weighing your options for repairing an ankle, one of the most vital joints in the human body. Please feel free to contact me if you want an update or more details.