

SCOTT A. SWANSON, M.D.



Dr. Scott Swanson is a lifelong resident of Nebraska. Born and raised in Alliance, Nebraska, Dr. Swanson graduated Summa Cum Laude from Creighton University. He graduated with distinction from the

University of Nebraska Medical Center College of Medicine. Dr. Swanson completed his orthopaedic surgery residency at the Creighton/Nebraska combined orthopaedic program. He completed one year of fellowship training in foot and ankle surgery, trauma, and lower extremity reconstruction at the Florida Orthopaedic Institute in Tampa, Florida under the direction of Drs. Roy Sanders, Art Walling, and Michael Clare. His research project, "Clinical Results of the Anatomic Compression Arthrodesis Technique with Anterior Tension Band Plate Augmentation for Ankle Arthrodesis," won first place at the Institute's Annual Research Day. Dr. Swanson was awarded a prestigious traveling fellowship by the AO Foundation, the leading international organization for orthopaedic surgeon education. He studied in Switzerland where he learned novel surgical approaches to complex foot and ankle problems. Dr. Swanson is an avid runner, having completed more than a dozen domestic and international marathons, including the 2002 Boston Marathon.



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ANKLE FUSIONS

WHAT YOU NEED TO KNOW



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INFORMATION ON ANKLE ARTHRITIS

Normal joints are covered in cartilage (the pearly white substance you see, for example, on the end of chicken bones.) When this cartilage wears off, thru an accident, chronic joint instability, advanced age, or deformity, severe pain develops. This pain is better known as arthritis. Braces, anti-inflammatory medication, injections, weight loss, and activity modification are the first line treatment. When all else fails, surgery is indicated. Unlike the hip or knee joints, an ankle replacement is only available for selected patients, because the results of ankle replacement are not consistent over the life of the patient. An ankle fusion, or ankle arthrodesis as it is sometimes called, is designed to permanently stop the pain that movement of the ankle causes. It can also correct any deformity that might occur as a result of bone erosion from excess wear.

THE PERI-OPERATIVE PROCEDURE

Once you and your surgeon decide that a fusion is the best option for you, the surgeon will explain to you the standard procedure, any additional surgeries, as well as any complications. After this discussion the surgeon will have you sign a surgical consent. You will typically need to have a complete history and physical performed by your primary care provider. All medical problems, medications, and allergies will be noted, and any further tests or consultations will be arranged.

Please be aware that these tests and consultations may delay your surgery. Our nurse will arrange the scheduling, provide you with the hospital information, important contact phone numbers and answer any questions you may have. Upon arriving at the hospital the day of the surgery a general anesthetic is usually required. The anesthesiologist may ask you if you wish to have a nerve block to ease the pain of surgery.

Surgery includes an incision on the front part of the ankle, removing all remaining arthritic cartilage, repositioning the ankle bones, and securing them with metal screws and a plate. Occasionally, a cadaver bone graft is required. The surgery takes 2-2.5 hours. After surgery you will stay in the hospital for one or two nights. Before you leave the hospital you will be able to walk with crutches, a walker, or a "Roll-a-Bout." You will be in a splint that goes up to your knee. You simply keep this clean and dry; no dressing changes are required. You will go home with pain medication, stool softeners, and pills to help ease nausea.

NOTE: YOU WILL NOT BE ABLE TO PUT ANY WEIGHT ON THAT LEG FOR THREE (3) MONTHS!

POST-OPERATIVE RECUPERATION

The first post-operative visit is two weeks after surgery. Sutures may be removed at that time, or left in place if the wound is not completely healed. You will get a short-leg cast, which should be lighter and more comfortable than the splint you were in. We will get x-rays to show you what we have done!

You will return in one month (6 weeks after surgery) to get a new cast and x-rays. Any remaining sutures are removed at that time. You will return in another 4 weeks (10 weeks after surgery). If x-rays show that the fusion is healing, you will be prescribed compression stockings for swelling control and placed into a removable boot. You will be prescribed 6 weeks of physical therapy. Your weight bearing will be gradually progressed, and you will be weaned out of the boot. If you have your right side operated on, you cannot drive until you are out of the cast and boot. After completing physical therapy you will return to the clinic, at which point you should have resumed normal shoe wear, and be returning to normal activity!

Typically after the ankle has healed, you should not experience any pain. Walking in a regular shoe should be nearly normal. You can expect to walk for an extended distance, ride bicycles, swim, and golf. Running will not be possible, and you may have some difficulty with steep hills, and going down stairs. Rarely, the metal screws and plate are painful, and can be removed.

As with any surgery, there are significant risks involved. These include, but are certainly not limited to, wound healing problems, infection, and non-union. Diabetes and smoking increase these risks. You may encounter complications or dissatisfaction from the surgery. Discuss these risks before deciding that ankle fusion is for you.