Palm Beach Orthopaedic Institute
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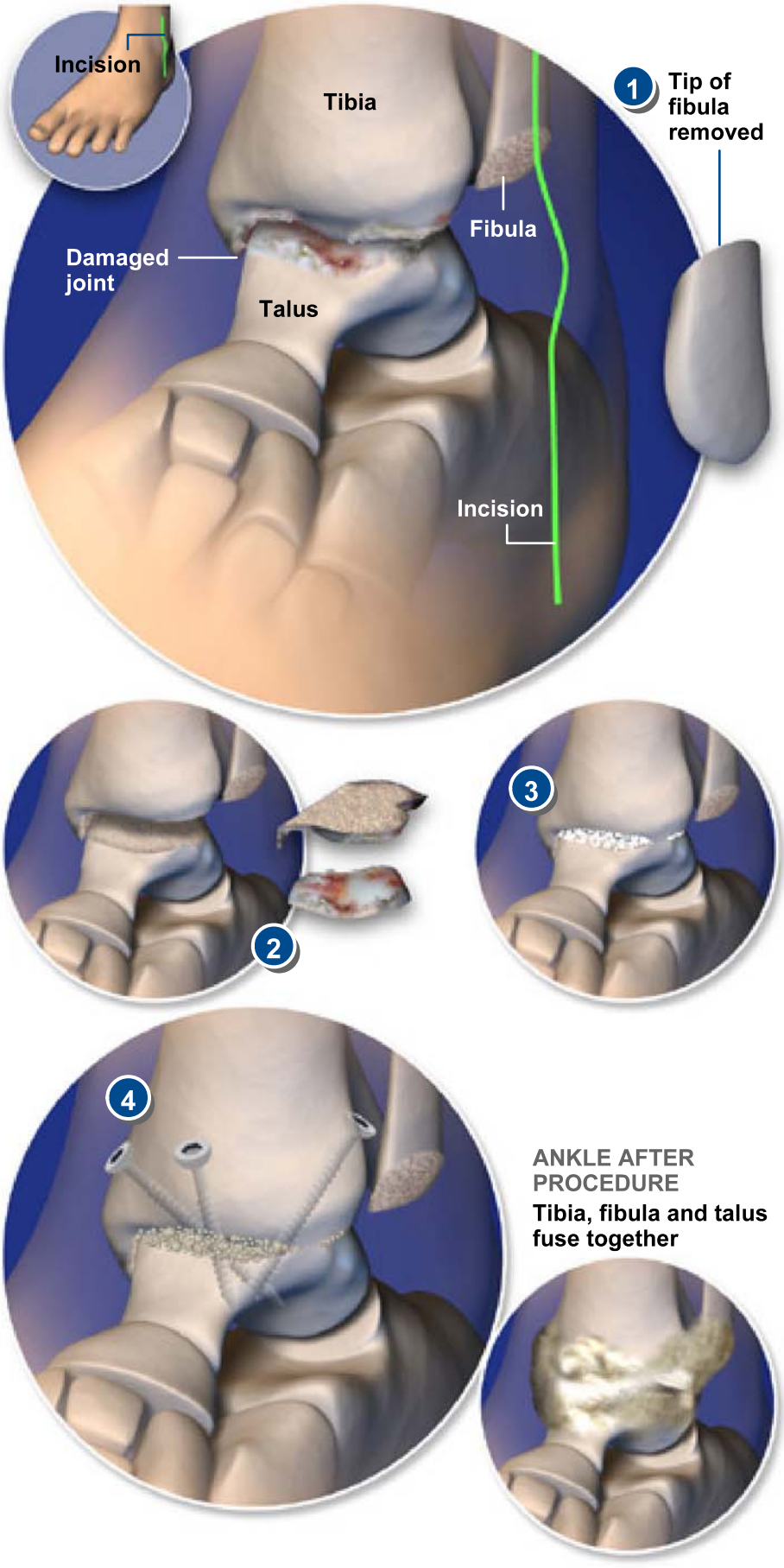
ANKLE FUSION, TRANSFIBULAR



Overview

This procedure is performed to repair a severely arthritic ankle joint.

1. Accessing the Joint

A single incision is made on the outer side of the ankle, and the end of the fibula is removed. Sometimes a second incision on the other side of the foot is needed to remove the bony bump that protrudes from the inner ankle. If this is done it is called a bimalleolar ankle fusion.

2. Damaged Bone Removed

Damaged arthritic cartilage and bone are removed from the end of the tibia and talus. The bones are reshaped and aligned properly.

3. Bone Graft Added

Bone grafts may be put into any gaps to help create proper alignment. These grafts may be taken from the removed piece of fibula, the heel bone or the hip bone.

4. Screws Inserted

Using x-rays as a guide, the surgeon drills holes into the joint. Two or three screws are inserted, either from the talus up into the tibia or from the tibia down into the talus. The screws will add stability while the bones fuse.

End of Procedure

Incisions are closed with sutures or staples. Over time, the tibia, fibula and talus fuse together so that the ankle joint no longer moves up and down but still moves side-to-side.

After Care

A cast and crutches are used for 6-8 weeks. Afterwards, if the bones have begun to fuse, partial weight bearing may be permitted. If there is solid fusion after 10-12 weeks, full weight-bearing may be allowed. Patients can typically resume normal activities within 3-6 months and can often walk without a limp or pain.