

BroadcastMed | Ankle closed captions

[MUSIC PLAYING]

An ankle replacement is a treatment for ankle arthritis, where you have wear and tear of the tibiotalor joint. so the tibia joint is sort of on the top, talus joint on the bottom.

And you actually replace the worn out cartilage pieces on both sides with two metal pieces and a little plastic bearing that goes in between.

Same idea as sort of a knee replacement.

When the joint wears out, this is a way to replace it and preserve your motion.

We have a variety of different implants that we use here.

We have some more bone-sparing implants, sort of like our little sports cars, that are really nice for your run-of-the-mill very active patient to get them the most motion possible.

Then we also have some bigger, heavier duty options for either the revisions, or the patient that has a really, really crooked ankle that needs a lot of work to make them straight and get them back in the right place.

So a revision is still a replacement, but it's sort of like a redo.

So just like if you had a knee replacement that goes bad, then you have to revise it or redo it.

So it's a little bit harder when somebody has been in there before.

There's more scar tissue.

You have to work a little harder to get things moving.

And there are certainly some folks who had other foot ankle surgeries before, may have a lot of scar tissue, may have had some other prior procedures that didn't work.

And those can be more of like a redo situation as well.

It's a really good option for patients with end-stage ankle arthritis, and especially patients that are a little bit older, which is the majority of the patients are maybe not some people that want to go running around, hiking mountains, that sort of crazy stuff.

Anybody with arthritis in their other joints is actually a really good candidate for ankle replacement, because it helps reduce the stress on the other joints.

So total ankle replacement is complex, because often there are other procedures we have to do at the same time.

And often people have sort of a crooked ankle.

They have deformity in the coronal plane of a sagittal plane.

So either their ankle is stuck in varus or valgus, it's too far forward or backwards.

And so we've got to work to not only realign the ankle into the correct position, but then also replace the joint.

So that makes it a little more difficult than some of your run-of-the-mill knee and hip replacements.

Here, we tend to do those surgeries with two surgeons, myself and Dr. Gross.

The benefit of that is it allows us to move quicker.

So we can be more efficient in surgery when you got two surgeons knowing what you're doing.

It also allows us to have a higher volume.

So we found out with lots of different operations, folks tend to do better and surgeons have better outcomes if they do more of a surgery.

So that's one of the other benefits of having two surgeons is you see more ankle replacements, you get more comfortable with it, you're more comfortable dealing with the hard ones.

And certainly, there's a lot of research that show you have better outcomes of surgery the more ankle replacements the surgeon's done.

It is definitely something that's becoming more common.

There are a couple of other centers in the country that are very high-volume ankle replacement centers that actually do the same thing.

There, I would say, are still only a handful of places that do that.

But a lot of the highest volume people in the country are people that are taking a team approach, because they've really seen the benefits of having two really skilled people in there to be able to get the surgery done as quickly, as efficiently as possible, and also in the right way.

Typically, an ankle replacement occurs through an anterior approach to the ankle.

So you have an incision on the front.

You get down through sort of the tendons, move the nerves out of the way, and that gets you straight to the front of the ankle.

We often use jigs or custom cutting blocks that help guide our cuts so that we've got some idea ahead of time exactly where we want to make those.

We use X-ray to make sure that those jigs are in the correct position.

And then we make saw cuts, again, on the tibia and on the talus to take out the bad joint.

We remove that bone.

And then we help prepare that bone using a bunch of different preparation methods to get it ready to receive the prosthesis.

And then we implant in the tibial component often first.

And then we implant in the talar component.

And then the last thing we do is put in the little plastic spacer, the polyethylene, that again, acts as sort of a cushion for that joint, just like you would wear for any replacement.

Pain relief, number one.

These are people with bad ankles.

And we want to get them feeling a lot better and getting back to do all the activities they want to do.

Number two, one of the reasons we really like ankle replacements as opposed to ankle fusions, which is one of the other treatment options, is it both preserves motion and decreases the stress on adjacent joints.

One of the biggest challenges with an ankle replacement is people tend to get adjacent joint arthritis where the other joints wear out with time.

We have not seen that with ankle replacements.

So in addition to preserving motion, we're preserving the other joints and trying to give them the highest level function possible.

So typically, ankle replacement patients either go home the same day or spend one night in the hospital and go home.

Patients are typically in either a splint or a cast initially.

We don't want them to put any weight on it the first two weeks.

If we don't do any additional surgeries, often they start walking at the two week mark.

And usually, at six weeks, we start them in physical therapy.

If we have to do other concomitant procedures, lengthen tendons, do some work to change the position of bones, sometimes we'll keep patients off of it closer to six weeks.

But again, sort of the easy straight-forward ankle replacement, we typically let them walk at two weeks.

I would tell most folks, you can probably be back on the golf course or a tennis court somewhere between three to four months after surgery is probably the average.

This team approach has worked really, really well here and allows us to be high volume, to be able to do the same operation over and over again in a reproducible way and have really good outcomes.

This is also a place that we are really big on research.

So we study our outcomes, we study our patients to make sure it's to that highest standard in the country, because the goal is to be the best team in the country doing this.

And we're already up there in volume with some of the other highest volume centers in the country and in the Southeast.

And this approach really allows us to do that and have the best outcome possible for our patients.

[MUSIC PLAYING]