

Adam D. Perler

DPM, FACFAS



ANKLE REPLACEMENT

Until recently, patients with severe arthritis of the ankle, a leading cause of chronic disability in North America, have been limited in their treatment options. Traditionally, an [ankle fusion](#) has been the response to severe ankle arthritis when non-operative treatments have failed. While a fusion provides reliable pain relief and improved function, the patient still struggles with immobilization of the joint, compromised function, and even accelerated degeneration of adjacent joints.



But thanks to a new generation of effective implants with longer life-spans, Dr. Adam D. Perler, a foot and ankle specialist at Alexander Orthopaedic Associates (AOA) is recommending ankle replacement surgery, also called ankle arthroplasty, for many qualified patients suffering from chronic or debilitating arthritis and/or ankle disabilities.

What is total ankle replacement?

[Total ankle replacement](#) (or arthroplasty) is a treatment option for painful ankle arthritis, where the surfaces of the ankle joint are replaced by a prosthetic device consisting of metal and specialized orthopedic plastic (known as polyethylene). It is a similar procedure to joint replacements of the hip and knee, which have been helping to relieve pain and suffering in patients for over 50 years. Dr. Perler has over 15 years of experience with total ankle replacements and is one of just a few surgeons regionally who is trained in all currently available total ankle systems. Dr. Perler is highly involved in total ankle implant development and is one of

five design surgeons for a new total ankle implant by Zimmer/Biomet, and he currently has two patents with one pending on his own total ankle design. He was also the first in the state of Florida to implant a custom patient specific 3-d printed partial ankle replacement.

An ankle joint replacement cures the problem of arthritis in the ankle but does not sacrifice motion. Prior to successful ankle replacements, most advance ankle arthritis was treated with an ankle fusion, where the two major bones of the ankle joint are fused together with either a plate and/or screws. Although ankle fusion is very good at relieving painful arthritis, it does sacrifice all of the motion at the ankle joint. Maintaining ankle motion with replacement surgery allows a more normal walking pattern, and prevents the wearing out of other joints in the foot that can occur after an ankle joint fusion.



Dr. Perler reviews each case in detail and together with his patients, determines which implant is best in each case. Not every patient is a candidate for a total ankle replacement. In the event that a patient is not a good candidate, Dr. Perler will review the other options available to help reduce pain and increase function.

Additional information on ankle replacement surgery is available at the following places:

You can visit Dr. Perler's Total Ankle University on his website:

<http://adamperler.com/services/total-ankle-replacement.html>



Here is a list of the devices/companies that Dr. Perler currently uses:

[Stryker Orthopedics STAR Total Ankle](#)

[Wright Medical InBone and Infinity Total Ankle Systems](#)

[Exactech Vantage Total Ankle System](#)

[Integra Life Sciences Cadence and Salto Talaris Total Ankle Systems](#)

[Zimmer/Biomet Tribecular Metal Ankle Replacement](#)



Pre-operative information

You are receiving this sheet if Dr. Perler has recommended a total ankle replacement for your ankle arthritis, and you are scheduled, or are considering surgery in the near future.

Depending on your insurance coverage, the procedure will be done either:

1. As an outpatient at either SurgCenter Northeasat or SurgCenter Pinellas or
2. As an inpatient with a 1-2 day hospital stay at St. Anthony's Hospital

Once you have a set surgery date, you will receive a surgery packet in the mail from Dr. Perler's Surgery Scheduler. Included in this packet will be a prescription for any pre-operative labwork you may need for your surgery. If you have significant medical problems, you may be asked to obtain a medical clearance letter from your primary treating physician. Also enclosed in the surgery packet will be details about the time and location of your surgery and directions to the designated surgical facility.

If you are scheduled as an outpatient:

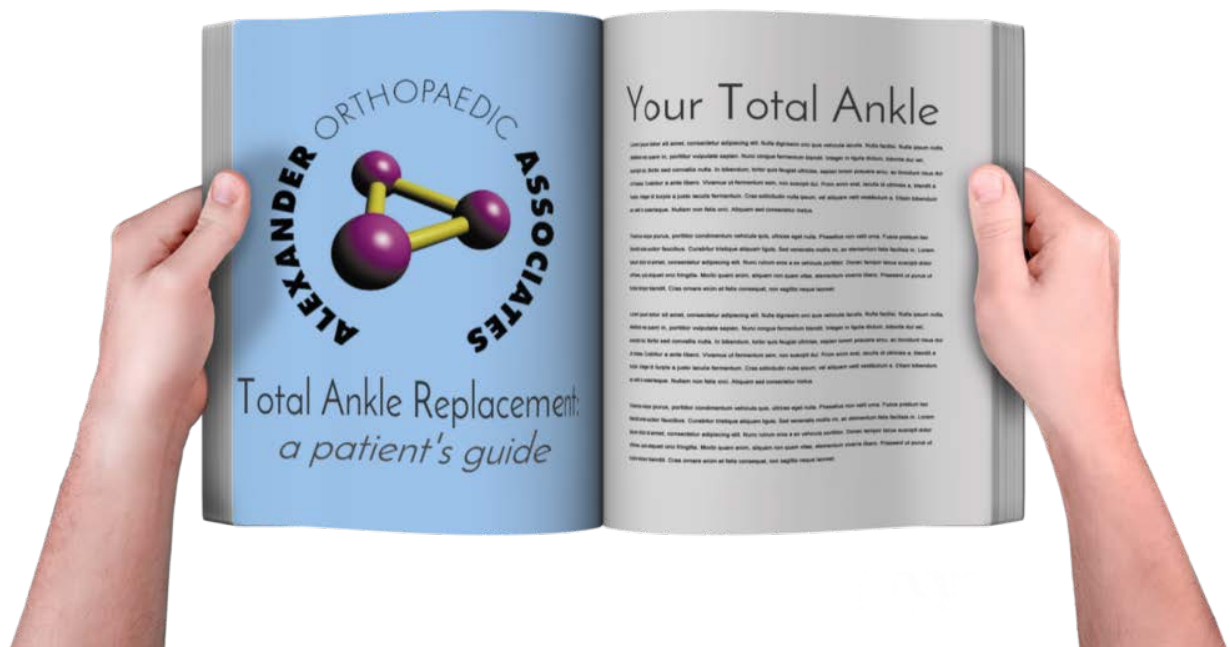
Approximately 2 days before surgery, you will receive a phone call from the surgery facility nurse. The nurse will be the one to give you the time when you should arrive on your surgery day. They will also go over your daily medications and will let you know what's appropriate and not appropriate to take on the morning of your surgery. You will likely be required to have a history and physical by your primary care doctor within 30 days of your surgery. If you have any cardiac history or have an abnormal EKG study, cardiac clearance may also be needed prior to your surgery.

If you are scheduled as an inpatient:

Approximately 2 days before surgery, you will receive a phone call from the AOA surgery scheduling department with details regarding what time you will need to arrive at St. Anthony's Hospital. You will likely be required to have a history and physical by your primary care doctor within 30 days of your surgery. If you have any cardiac history or have an abnormal EKG study, cardiac clearance may also be needed prior to your surgery.

****Please note that you must stop any or all of the following medications **1 week** prior to your surgery date, as they can increase the risk of bleeding during and after your surgery:**

- **Any Ibuprofen products, including Advil and Motrin; Aleve and its generics, Naproxen, and Naprosyn; and all Aspirin products (regular strength or baby).**
- **If you are on Plavix, Coumadin, or any other brand of blood thinner, please consult with the physician who prescribed the medicine to see if you are able to stop it. We can discuss these medicines with you on an individual basis.**



Operative Information

You will meet the anesthesiologist and nursing staff shortly before your surgery begins. Under sedation, the anesthesiologist will perform a popliteal nerve block using ultrasound to locate your popliteal nerve (behind your knee) and inject/numb it with local anesthetic which will keep most, or all of your ankle numb during and after the surgery. In addition, Dr. Perler will inject a special mixture of numbing medication around the ankle which has been proven to be a great advance in surgical medicine and reduces your post-operative pain significantly.

Your surgery itself will take approximately 2.5 hours. It will be performed by Dr. Perler and an assistant. In addition to nerve blocks, the anesthesiologist will use general anesthesia (you will be completely asleep) for the procedure. You will be transported to the recovery room after your surgery where you will slowly wake up in a carefully monitored environment. If your surgery is outpatient, you will be discharged home after about an hour or so in the recovery room, once you are medically stable and comfortable. If your surgery is inpatient, you will be transported to the orthopedic floor from the recovery room once you are stable.



You will also go home with several prescriptions that are tailored to reduce postoperative pain. Please follow the instructions for your pain medication closely to optimize your postoperative comfort. Also, effective icing is not only helpful for pain management, but also helps to keep swelling at a minimum which is extremely important to avoiding potential complications with wound healing. With our current multi-modal approach to pain management, many of our patients have been able to stop using their pain pills only a few days after surgery.

Due to a slightly higher risk of a blood clots after joint replacement surgery, you will be asked to take 325 mg of aspirin twice a day following surgery for 14 days, beginning the evening of the day after your surgery or the following morning. Some people are already on blood thinners for another medical condition or are at increased risk for developing a blood clot for another reason, and they will require a different anti-coagulation medication.

Your post-operative prescriptions will be provided to you at the time of your surgery. If you would like the scripts ahead of time, you may contact the office and we can arrange for you to pick them up a few days ahead of your surgery. Please give us 2 weeks' notice if you choose this option. Following the surgery, there should be several hours of numbness in the leg, so there should be plenty of time to get the medications submitted and filled at your pharmacy of choice.



Post-Operative Information

You will have a large bandage with a hard-backed splint on your leg after surgery. You will need to remain non-weight bearing (absolutely no weight on your surgical leg) after surgery for a minimal of 2 weeks. Most people use crutches or a walker during this period. There is also a “knee scooter or roller” device that can be rented and is a great way to get around for longer distances. Sometimes your insurance company will cover part of the rental costs. Ask Dr. Perler’s office staff for more information regarding the scooters if you would like one and a prescription can be provided. They are also sold on Amazon and can be delivered at your door if this is easier.



Once you arrive at home it is VERY important to keep your leg elevated. Because you will have a splint on, you should avoid placing any pressure on the backside of your heel bone. This can be accomplished by placing two pillows under your calf and “floating” the heel so there is not pressure there.

In regards to pain control, it is important to stay on top of your pain meds for the first 48 hours. Dr. Perler advises the use of the provided medication every 6 hours on the clock until the block wears off. Once this happens you can then take the pain medication as needed. Also, it is extremely important to properly ice the ankle, even if you do not feel the ankle getting cold due to the thickness of the dressing. The icing helps to keep the dressings cool and prevent the foot from overheating/swelling. If you were provided with a special automated cryo-compression unit, please use it as directed. If not, please use flexible freezer gel packs over the ankle secured by an ace-wrap and change it every two hours during waking hours until your first post-operative visit.

Your first visit with Dr. Perler the office will be approximately 7 days after surgery. At that time the bandage will be changed. A set of ankle x-rays will be taken. Dr. Perler will then see you at post-operative day 14 for a second visit. At this time, you will have your sutures removed and you will be placed in a removable cast boot. You will still remain non-weight bearing in this boot for approximately one more week, and possibly longer, if additional procedures were performed than just the ankle replacement. However, Dr. Perler will give you specific instructions on weight-bearing during this visit. The advantage of the cast boot is that it can be taken off for showering.

Your next Post-Operative visit will be in another 4 weeks. Usually, by that time, you will have begun full weight-bearing in your cast boot (always in your cast boot). Dr. Perler will instruct you on when you can wean out of the cast boot and into a regular shoe. Usually, this takes place at about 6 weeks after your surgery. To help with this transition, Dr. Perler may send you for physical therapy. After your first few post-op visits, Dr. Perler will determine when your further follow-up visits will be, usually on a monthly or bi-monthly basis.

Post-op non-weight bearing Arrangements

Following your ankle/foot surgery, it is essential that you stay off of your foot completely until you are evaluated by Dr. Perler. Please make all necessary accommodations at least a few weeks prior to your surgery to ensure that you will remain non-weight bearing during this time.

Considerations:

1. **Crutches:** Are you able to effectively and comfortably use crutches? If you have not previously used crutches, obtain a set of crutches a couple of weeks prior to your surgery as a test. If you have any difficulty with crutch use, including ascending and descending stairs, you may benefit from physical therapy for crutch fitting and training. Please contact the office for a prescription for crutches and physical therapy if you feel this may be necessary two weeks prior to your surgery.
2. **Difficulty with crutches:** If you cannot use crutches, consider obtaining a wheelchair or roll-a-bout (knee scooter). Ensure that you are familiarized with either device prior to the surgery. If you think you may benefit from a wheelchair or roll-a-bout, please contact Jaclyn or Kerri at least two weeks prior to your surgery and appropriate arrangements will be made.
3. **Stairs:** Are there stairs leading into your home? Can you use crutches safely up and down stairs? If you have difficulty with stairs, please obtain a prescription for physical therapy crutch use training as mentioned above, specifically with ascending and descending stairs. If you continue to feel uncomfortable with crutches, ensure that there is someone of appropriate strength to help you into your home.
4. **Multi-level home:** Do you live on more than one level? It is important that you set up your living space on one level prior to your surgery. Plan to stay on one level until at least your first post-op appointment. Clear space of potential obstacles that may lead to injury (unstable items, power cords, etc).
5. **Home Health:** In some cases, Dr. Perler may order a Home Health company to come and assess your living situation and help to make arrangements for a “proper” environment at your home to optimize your recovery. This may include having a temporary hospital bed delivered, installation of wheel chair ramps and placement of shower chairs or bedside commodes.
6. **Rehab Facility:** If the home environment is not conducive to a optimal recovery, arrangements may be made for a brief stay at a rehab facility where nurses and health aids are available to assist you with your activities of daily living until you are ready to return home to resume your recovery (usually between 2-3 weeks when you are able to bear weight on you surgical ankle).



If you have any further questions, please contact us at the general office phone number; (727) 547-4700. We look forward to assisting you in the care of your ankle.

Please note: After having your total ankle replacement you will require pre-medication before any dental procedures are done. That medication is usually 2 grams of Amoxicillin 1 hour prior to procedure. Please contact our office 7 days before your dental procedure if you are unable to take this standard medication and an alternate script can be called in for you.

We are trying to make sure that all total ankle replacement patients receive identifications cards showing that they have a metal implant in their ankle. This is especially helpful for you when going through airport security. Please remind us if we have not given you one of these cards at your 1st or 2nd post op appointment.



Before



After

