

What is osteoarthritis of the ankle?

The ankle joint is formed between the bones of the back of the foot (the talus and calcanium) and the bones of the lower leg (tibia and fibula). The ankle is made up of a hinge joint which allows the foot to move up and down, and a joint that allows the ankle to move from side to side.

When osteoarthritis (OA) affects the ankle, the cartilage (which normally cushions the bones in the ankle joint) becomes damaged. This inhibits the smooth movement of the joint.

This process begins long before you notice any pain or stiffness. It is commonly associated with an injury to the joint, such as a bad sprain, repeated sprains or fractures — although these may have happened years before. Inflammatory arthritis can also be a factor.

How will it affect me?

You might find the ankle has become stiff, painful and swollen, though this may ease when you are resting. You might feel unsteady on your feet. Understandably, moving around will be tiring if you are having to deal with pain and discomfort.

If the arthritis progresses, it can be painful to walk or bear weight, and the pain might continue even when you are resting. The joint might squeak when moved. If the OA is very severe, the bone itself becomes worn away, making the joint look misshapen.

REAL LIFE STORY

‘ I had an injury to my left ankle which healed but then later it became painful. It would swell up like a tennis ball and I couldn’t walk without it aching. I went to the GP who diagnosed OA and quickly referred me to a physiotherapist.

I manage the pain with ibuprofen gel, paracetamol and exercise. My physio and podiatrist have given me special stretching exercises — some to help my calf muscles. And if the ankle gets really swollen, I use the gel, a cold pack, and I elevate it.

I do need surgery. I’ve been offered an ankle fusion, but I don’t want to be unable to bend my ankle, so I’m seeking a second opinion. I am doing a lot of research to find a hospital and a surgeon with relevant experience. I’m aware that the stronger your muscles are the better your chance of recovery after surgery. So I don’t want to wait around.’

What is the treatment?

If your GP has diagnosed OA, he or she may prescribe medication. You could be given analgesics — drugs such as paracetamol, or stronger, combined painkillers such as co-codamol (paracetamol combined with codeine). Analgesics will not affect the actual arthritis but should help relieve the pain and stiffness.



If you have inflammation in your joints you may be prescribed non-steroidal anti-inflammatory drugs (NSAIDs), such as ibuprofen (Nurofen), diclofenac (Voltarol), celecoxib (Celebrex), and many more. Ask your doctor to explain any possible side effects and benefits to you.

Your GP/rheumatologist/orthopaedic surgeon may suggest giving you a steroid injection directly into the joint to relieve pain and inflammation. You will need to avoid strenuous activity and rest for 24 hours after this in order for the steroids to work. You may need to have the procedure repeated.

Pain-relieving and anti-inflammatory creams and gels can be used for OA in the ankle — avoiding the disadvantages of taking pills, such as possible stomach irritation. However, you should discuss with your doctor what treatment is best for you.

Is surgery an option?

Your surgeon will need to weigh up various factors before deciding which surgery is appropriate for you. These include how much the joint has degenerated, how active you are, and what other medical problems you have. Ask plenty of questions so that you know what to expect after surgery. It's possible that while your mobility eventually improves you may still have to manage quite a lot of pain — or that you have less pain and less mobility.

Arthroscopic debridement

A less invasive form of surgery, this involves making a small incision and using tiny instruments to clean the joint area. It is useful where there has been a build-up of natural debris and bony outgrowths. This will require a much shorter stay in hospital than other types of surgery but the effect may not be long-term.

Ankle fusion

A fusion is a big step, as it cannot be reversed and, once it is done, the ankle no longer moves. The way you walk will change permanently. It isn't possible to change a fusion to an ankle replacement later. However, it is usually seen as a good option if your ankle is very severely affected.

In short, the bones of the ankle joint are fused into one bone. The joint surfaces are removed and reshaped if necessary. The surgeon then puts the joint into the correct position and it is fixed with screws. In time, the bones then grow together into one bone.

The ankle will usually swell a lot after surgery, so you'll need to elevate it, for up to a week. You will have a plaster cast once the swelling has subsided and this will usually need to stay on for three to four months, until the bones have fused. For the first six weeks you should not put any weight on your foot — it's vital you don't start walking too soon or this could interfere with the healing process. If all goes well and you can keep your foot elevated at work, you should be able to return to work within three to four weeks.

You should be seen by a physiotherapist after the operation and should follow any advice regarding exercise to help strengthen the muscles and ligaments around the joint.

Ankle replacement

The big advantage to an ankle replacement is that it should be possible to move the joint after recovery. Some people even manage to recover the range of motion they had prior to the onset of arthritis.

However, unlike hip and knee replacements, ankle replacement surgery is less common and fewer surgeons are experienced in this field. It is a more complex joint than the hip or knee. Therefore, your chances of being offered an ankle replacement are slimmer. It is also important to bear in mind that because it is a newer form of surgery, there is less evidence about how successful it is in the long term.

In the surgery, the damaged bone ends are removed and artificial parts (prostheses) are fixed in to replace them, making a new joint. Different models of prostheses are available which can offer different ranges of motion. Your surgeon should explain what is suitable for your needs.

After surgery, although you won't have a cast, your ankle will be bandaged and you may have a splint for support. You will need to avoid weight-bearing on your foot, probably for up to 12 weeks.

It is important to work on your range of motion exercises with a physiotherapist. Keep up any strength and balance exercises you are given. Hydrotherapy (exercises in a warm pool) can also be helpful.

Be aware that the lifespan of an ankle replacement joint may be only 10-15 years, although if you are very active it may wear out more quickly.

Can I try anything else?

Non-medicinal options are also available. Some people find supplements, particularly glucosamine and chondroitin, helpful in reducing pain, although scientific evidence does not support this. Others find that heat pads can be effective. Download Arthritis Care's factsheet *Home treatment for pain relief: heated pads and cold packs*, at: www.arthritiscare.org.uk/what-is-arthritis/resources

It might be helpful to modify your shoes with a rounded sole called a rocker sole. This allows your foot to roll as you move through a step, limiting the jarring to the ankle. A podiatrist can help you to obtain one.

Physiotherapy and exercise should play an important part in your treatment — see the sections below. Some physiotherapists suggest using a special brace to relieve pain and provide support. This wraps around the shinbone and is quite large and bulky. It isn't suitable for everyone as it transfers some of the bodyweight to the

knee. An alternative could be wearing knee-high, lace-up boots for support.

Who will I see?

Your GP will need to diagnose and treat your condition in the first instance. They could refer you to a physiotherapist (to advise you on exercise) and possibly a podiatrist (to help you take care of your feet and gait — how you walk).

If your symptoms are severe, you may well be referred to an orthopaedic surgeon who will use X-rays to determine whether surgery might be necessary. Ideally, you should try to see someone who is a specialist in ankle surgery. You could also be referred to a rheumatologist.

What can I do to help myself?

Exercise and diet

Maintaining a healthy weight will help. Excess weight creates more stress and pressure for the bones in your feet and ankles when you are standing, walking and running. Exercise is one way of tackling this.

Like any area of the body, without exercise the muscles around your ankle become weak. If you are able to manage some gentle exercise, swimming can be an excellent option, as it has less impact on the ankle joint. Walking is also good for exercising the muscles, tendons and ligaments around the ankle. If walking is difficult, set yourself reasonable limits on how long you are on your feet for. Allow for plenty of breaks to sit down, and try not to overdo it.

Doing simple exercises to maintain your range of motion should also help — a few are described below (each should be repeated several times). However, to ensure you do not exacerbate your problems speak to your doctor before trying these to find out what might be appropriate for you.

- When lying down or sitting with your feet up, bend your feet up and down to point your toes.
- In the same position, move your feet in circles clockwise, then anti-clockwise.
- Sitting down and keeping the outside edge of your foot on the floor, raise the inner edge (so that you are showing the sole of your foot). Lower the foot flat on to the floor.
- Keeping the inside edge of your foot on the floor, raise the outer edge (so that you are showing the sole of your foot). Repeat with other foot. Keep your knees in a fixed position throughout this exercise.

If you are referred to a physiotherapist, you should be provided with a specific exercise programme. The purpose of this is likely to be to strengthen the muscles around the affected joint to give it better support, to increase or maintain joint movement. You could also re-learn balance and posture. It is very important that you

follow the programme to give your ankle the best chance possible, but keep your physiotherapist updated on how you are finding it.

If exercise is difficult, don't forget that a healthy, balanced diet can also help you achieve a sensible weight — and should contribute towards your overall health, giving your body strength to deal with your condition. For more information, see Arthritis Care's booklet *Healthy Eating and Arthritis*, at: www.arthritiscare.org.uk/what-is-arthritis/resources

What about the rest of me?

It's very important not to consider your ankle problems in isolation. Problems in your ankles can sometimes have a knock-on effect on other parts of your body, and vice-versa. Other joints and muscles might overcompensate and become damaged as a result. So do not ignore any symptoms, however small — tell your doctors so they can take everything into account.

Some people experience osteoarthritis in their ankle and their foot. See Arthritis Care's factsheet *Osteoarthritis of the foot* for further information.

Where can I get more information and support?

Arthritis Care is the UK's largest charity working with and for all people who have arthritis.

We are here to help you make positive choices through our information, website, self-management training, and professional helpline. Call the free helpline for confidential support on 0808 800 4050 (09:30-17:00 weekdays) or email: Helplines@arthritiscare.org.uk

You can find support from others with arthritis by joining our online discussion forums.



Arthritis Care and Arthritis Research UK have joined together to help more people live well with arthritis. Read how at arthritisresearchuk.org/merger. All donations will now go to Arthritis Research UK and be used to help people with arthritis live full and active lives in communities across England and Wales, Scotland, and Northern Ireland.

Registered Charity Number 207711, SC041156.

www.arthritiscare.org.uk

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Contact us

For confidential information and support about treatments, available care and adapting your life, contact the Arthritis Care Helpline

Freephone: 0808 800 4050

09:30-17:00 (weekdays)

Email: Helplines@arthritiscare.org.uk

For information about Arthritis Care and the services we offer, contact us at: **www.arthritiscare.org.uk**

You can also talk to other people who are living with arthritis, through the discussion forums on our website.

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