Complications: The risks relate to the anesthesia and the surgical procedure itself. In most cases you will have a general anaesthesia or regional anaesthesia. If you have concerns regarding the anaesthetic you should discuss them at the pre-assessment clinic. You will also be able to discuss this with the anaesthetist before surgery and he/she will identify the best method for your individual case.

Giving Consent (permission): We want to involve you in decisions about your care and treatment. If you decide to go ahead, you will be asked to sign a consent form. This states that you agree to have the treatment and you understand what it involves. If you would like more information about our consent process, please speak to a member of staff caring for you.

Your current medications: Always ensure that you provide your Surgeon/Anaesthetist with an up-to-date list of ALL your current medications and frequencies, as this may determine any additional medications that may be prescribed to you after your surgery.

General complications:

- Heart attack
- Stroke or mini-stroke
- Blood clots in leg veins (Deep Vein Thrombosis) or lung (Pulmonary Embolus)
- Stomach / bowel ulceration (response to ‘stress’ of surgery)
- Chest infection
- Allergic reaction to drugs or blood transfusion
- Temporary worsening of diabetes
- Protecting the foot after surgery can put additional strain on other joints e.g. hip or back
- Any surgery poses a very small risk to limb and life
Surgical complications:

- Infection/wound healing/breakdown: In a very small number of cases (less than 1 in 100 patients), the wounds may become infected and need antibiotics. As with all invasive procedures there is the risk of infection, more so in those patients who are diabetic, suffer from rheumatoid disorders or smoke. You may be refused surgery unless you refrain from smoking. If blood supply to the area is not good, wounds may be slow to heal. If this is the case, more frequent wound dressings may be required to ensure that the wound does not become infected.

- Deep vein thrombosis (DVT): A clot in the leg, which can travel to the lungs, is a very rare but serious risk of ankle surgery. Measures are taken to reduce the chance of this happening.

- Delayed union, non-union, malunion: a delay or failure of your bone to heal, or the bone healing in the wrong position. 5 to 10% of fusions do not heal in the exact position intended

- Metatarsalgia: pain under the ball of your foot

- Damage to the nerves in your foot/ankle: damage to major nerves leading to absent, abnormal or painful sensations, or local weakness or paralysis of the foot or ankle

- Numbness/tingling: this can occur at the surgical site(s) as a result of minor nerve damage. Often this is temporary; however, the numbness or sensitised area may be permanent.

- Arterial damage: Damage to blood vessels that may require surgical repair, or result in poor circulation that leads to loss of tissue or toes or the foot (amputation)

- Bleeding/bruising

- Prolonged swelling (long-term)
- Continued pain: There will be some pain after the surgery. During your operation, local anaesthetic may be injected into your ankle to reduce the pain after the operation. You will be given medicines to take home to control the pain. The nurse will go through the medicines with you, including how often and when to take them. There will be a combination of strong and weak painkillers. It is important that you continue to take painkillers as advised after your surgery. However, if you have little or no pain you may not need to take the tablets. If your pain does not settle, you can either be reviewed in your scheduled outpatient appointment or you should seek further advice and management from your GP.

- Need for further surgery

- Thickened scar tissue/stiffness: any type of surgery will leave a scar, occasionally this will be painful and inflamed.

- Recurrence: return of the condition

- Complex regional pain syndrome: a condition that causes long-term unpredictable burning pain in one of the limbs, with associated stiffness and circulation changes

- Joint damage

- Persistent damage to blood vessels that may require surgical repair, or result in poor circulation that leads to loss of tissue or toes or the foot

- Metalware prominence: occasionally, screws or plate can become prominent. These may be removed at a later stage.

- Arthritis: more stress will be absorbed by adjacent joints, which, with time, are at risk. Signs of arthritis in the adjacent joints are common on X-rays after 10 years, but many patients do not require treatment for this.
How can I help reduce healthcare associated infections?

Infection control is important to the well-being of our patients and for that reason we have infection control procedures in place. Keeping your hands clean is an effective way of preventing the spread of infections. We ask that you, and anyone visiting you, use the hand sanitiser available at the entrance to every ward before coming in to or after leaving the ward. In some situations hands may need to be washed at the sink using soap and water rather than using the hand sanitiser. Staff will let you know if this is the case.

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