

The management of early complications of the Mobility™ total ankle replacement

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Acknowledgements

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Dr Jayasree Ramaskhandan PhD, Research physiotherapist

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Background

- 5-year survival 65 – 90%
- Complications 20 – 60% in TAR
 - Infection: 0 – 15%
 - Fracture: 4 – 32%
 - Revision: 11 – 23%

Case Series

- Single surgeon
- March 2006 to Jan 2011
- 140 ankles in 133 patients





Case Series

- Single surgeon
- March 2006 to Jan 2011
- 140 ankles in 133 patients
- Age range: 31 to 89 (av. 62)
- Retrospective review of:
 - notes
 - radiographs
 - prospective database of scores



Complications

- Wound infection
- DVT / PE
- CRPS
- Revision
- Peri-prosthetic fracture



Wound infection

- 4 superficial infections
 - cultures
 - IV then oral antibiotics
- No deep infections
- I return to theatre
- Care with soft tissues
- VAC dressing

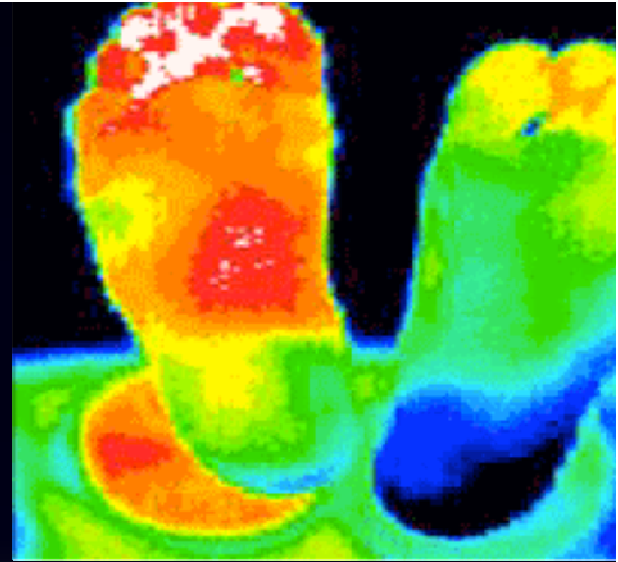


Thromboembolic events

- Symptomatic DVTs / PEs: 0
- No routine chemical thromboprophylaxis
- Early mobilisation
- TED stockings

CRPS – 4 ankles

- Difficult to diagnose / prove
- Urgent referral to pain team
 - Gabapentin
 - popliteal nerve catheter
 - aggressive mobilisation
- 3 out of 4 had excellent outcome



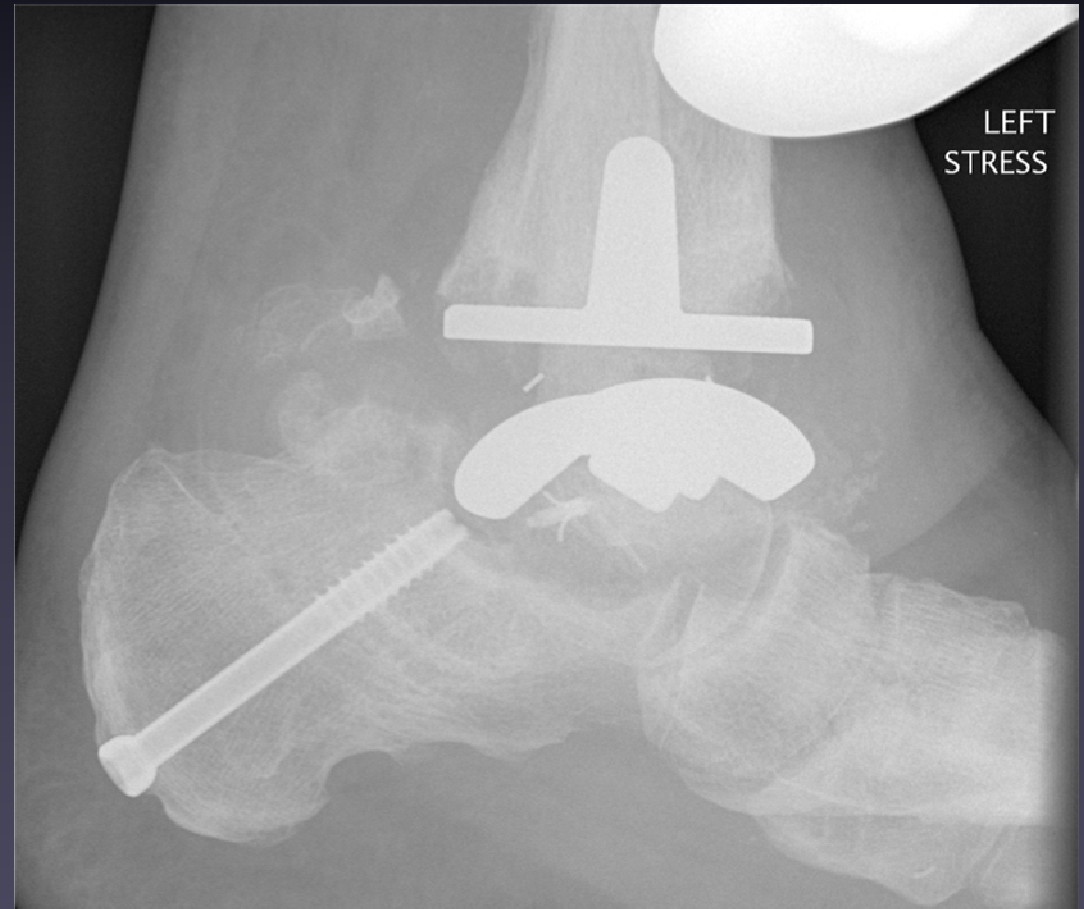
Revisions – 2 ankles

- Instability



Revisions – 2 ankles

- Neuropathic arthropathy (Charcot)



Peri-prosthetic fractures

Peri-prosthetic fractures

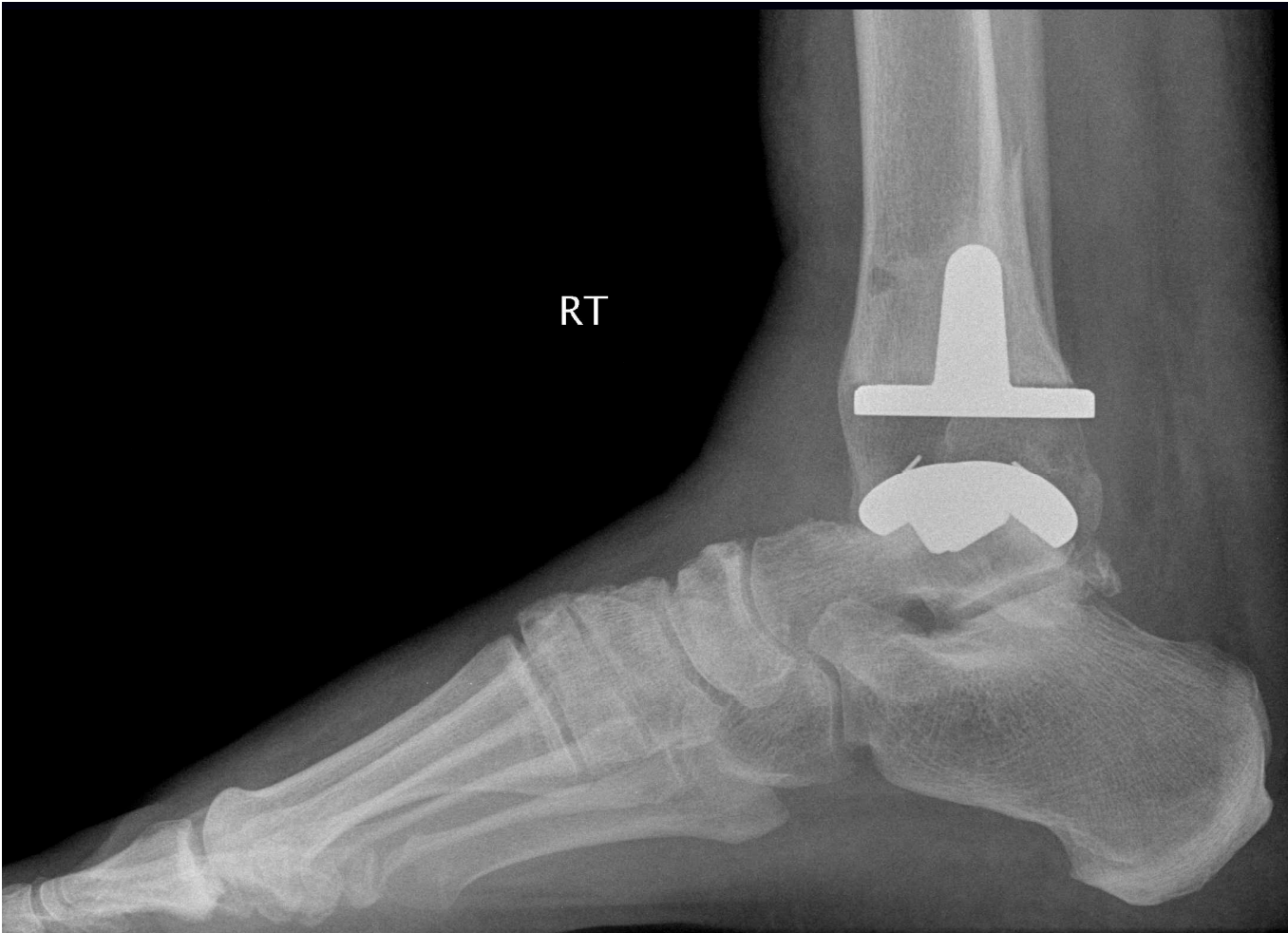
- 10% fracture rate with TAR
- Medial # in Mobility™ TAR
- Fractures affect outcome
- Fixation slows progress



Peri-prosthetic fractures

- 11 fractures
 - 10 medial malleolus
 - 1 through tip





Peri-prosthetic fractures

- 11 fractures
 - 10 medial malleolus
 - 1 through tip
- 2 intra-operative
 - fixed at surgery
- Remainder all within 3 months



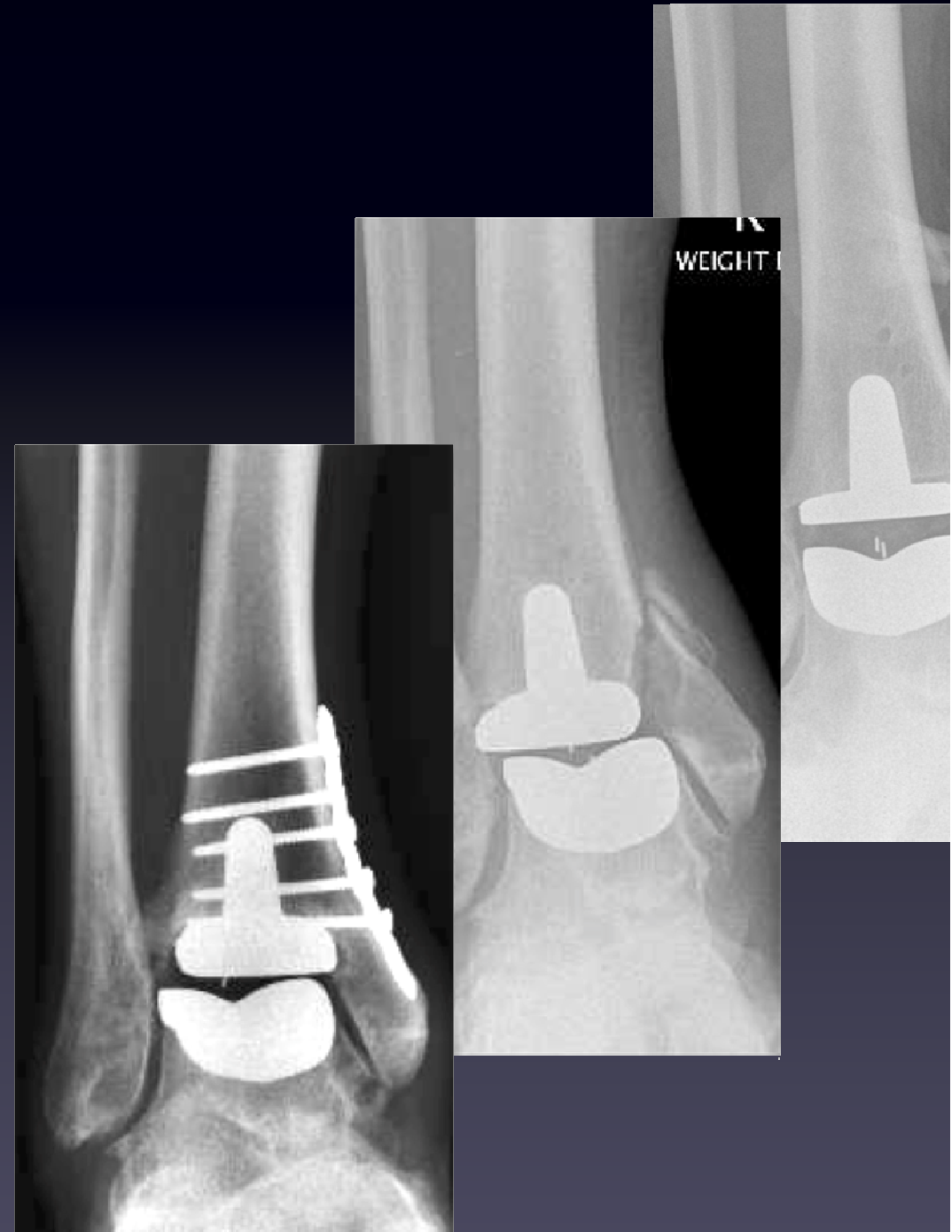
Peri-prosthetic fractures

Post-operative #s:

- 2 fixed early in series
- all non-operative since
- all united

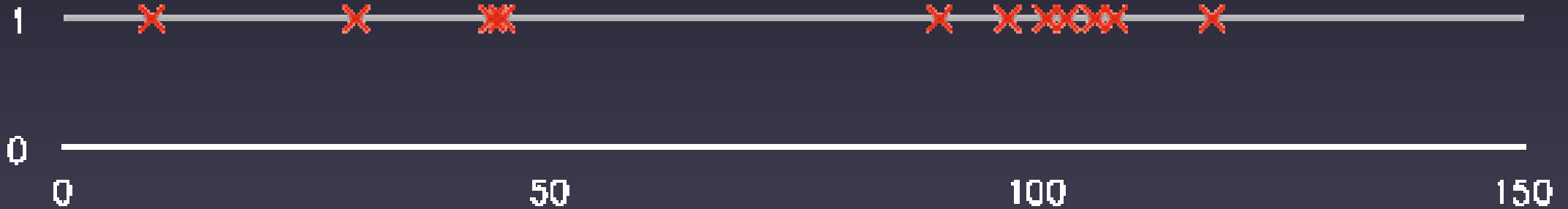
Preventive measures

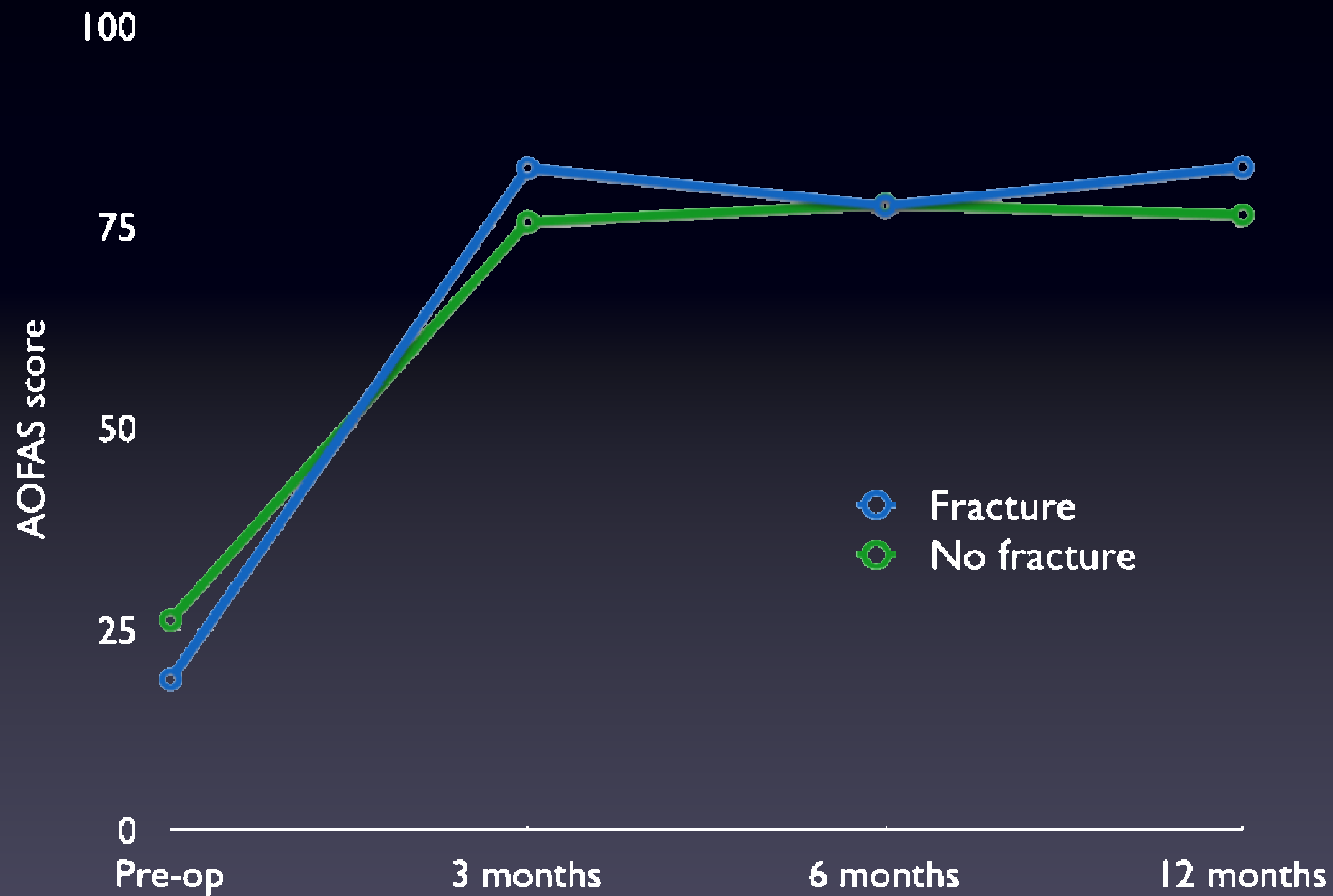
- transfixion wire
- avoid over-sizing
- careful rehab

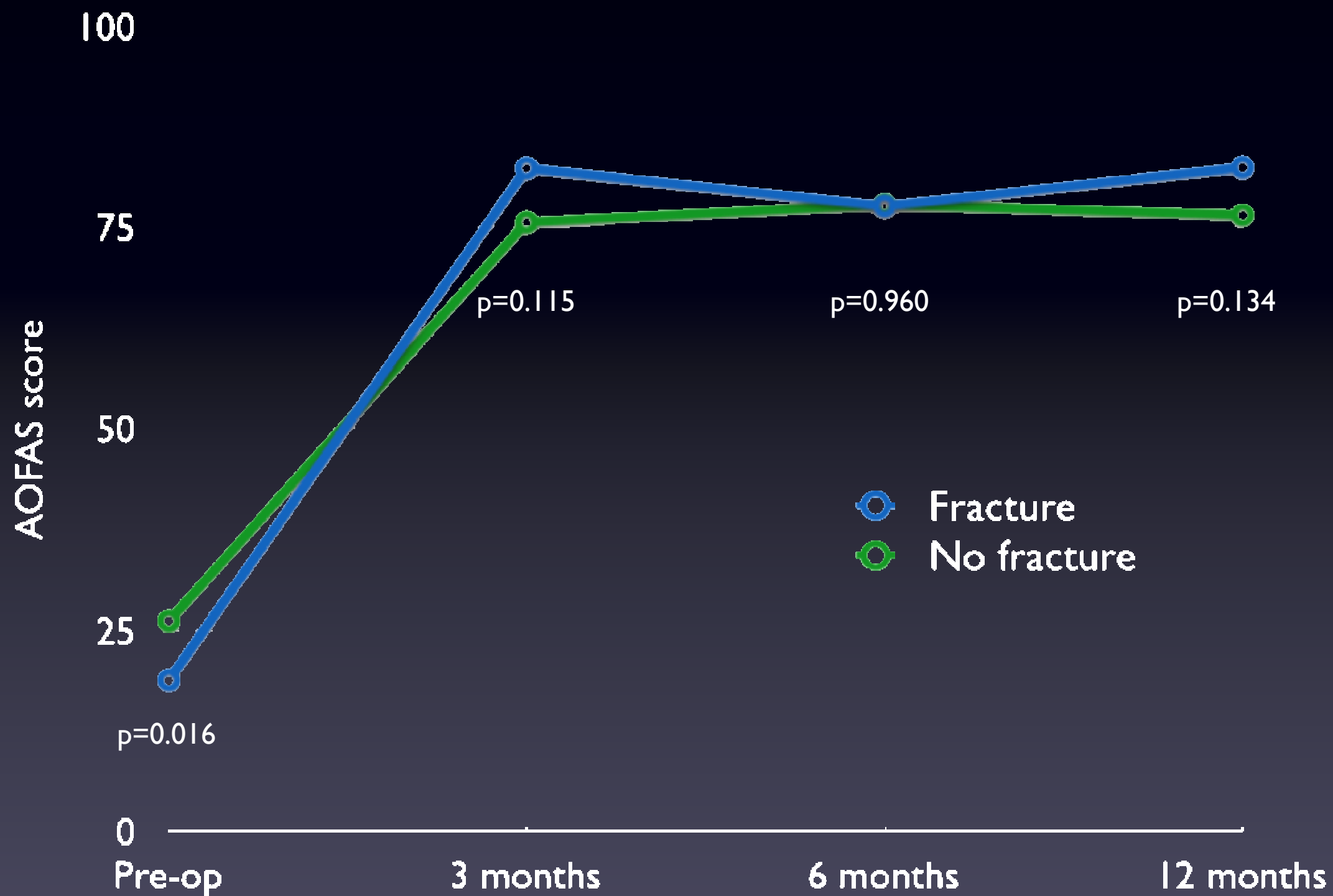


Results

11 fractures in 140 ankles







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So...

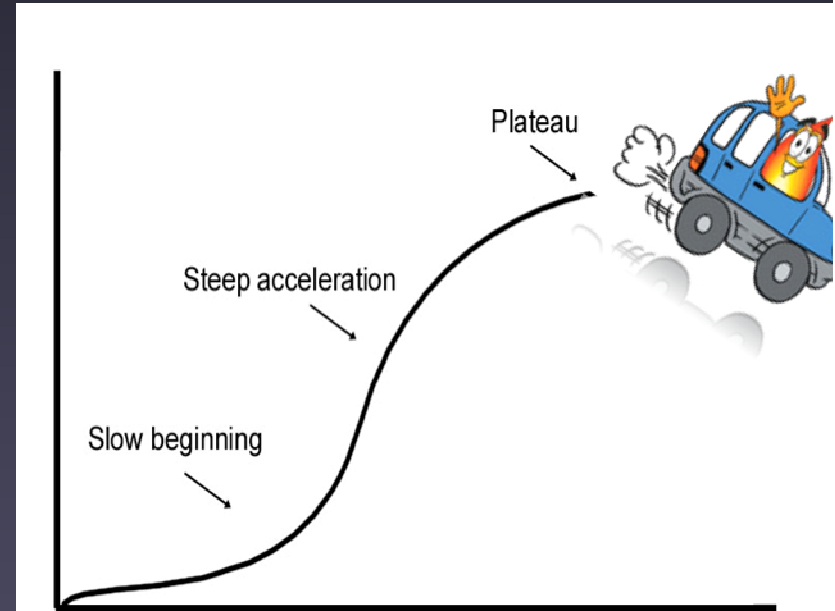
In our experience:

- Peri-prosthetic fractures do not change the outcome in Mobility™ TAR
- Fixation is not always necessary
- Don't panic!

	Number	%
Superficial infection	4	2.9
Peri-prosthetic fracture	11	7.9
Revision	2	1.4
DVT / PE	0	0
CRPS	4	2.9
TOTAL (140)	21	15

Summary

- Most early complications are not complex
- Most are managed with simple measures
- Beware of neuropathic joints
- Suggest VAC dressings
- Avoid aggressive rehab

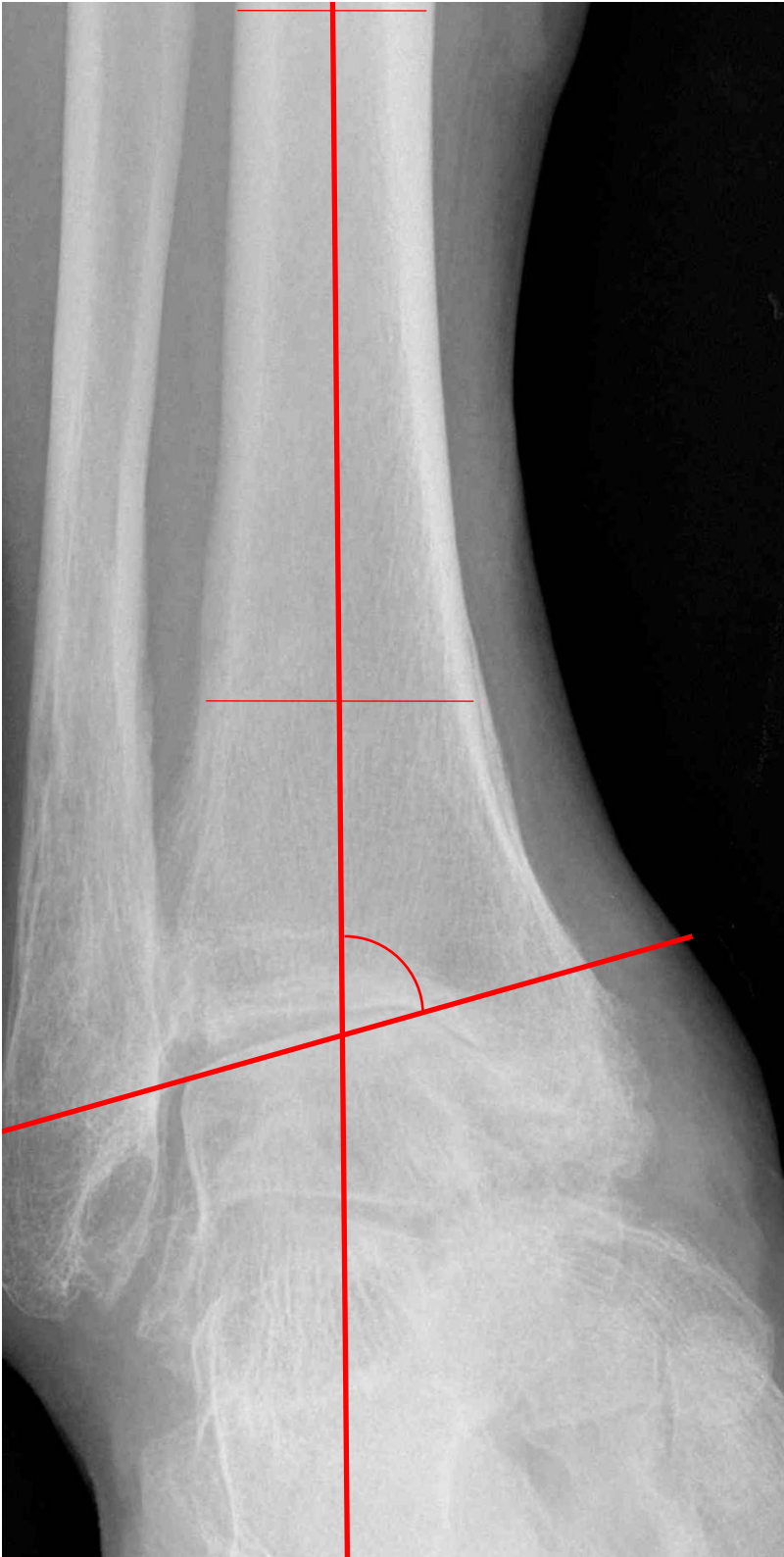


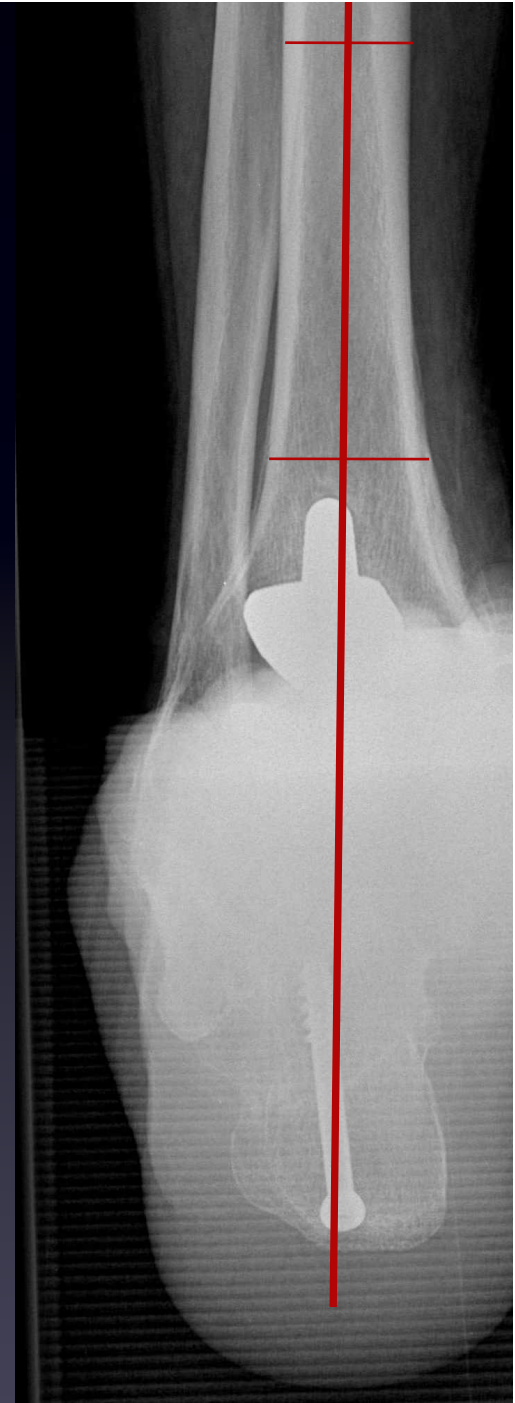
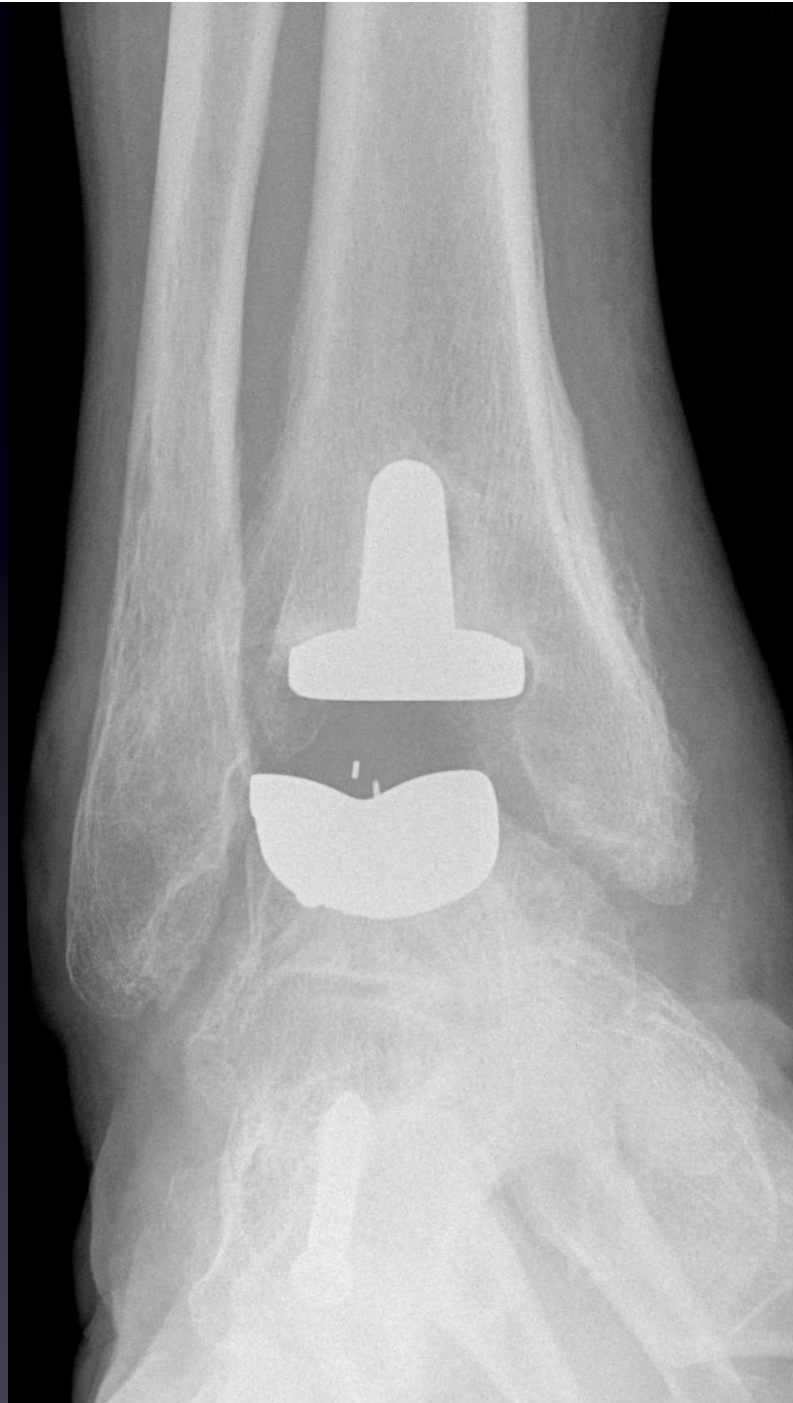


Thank you

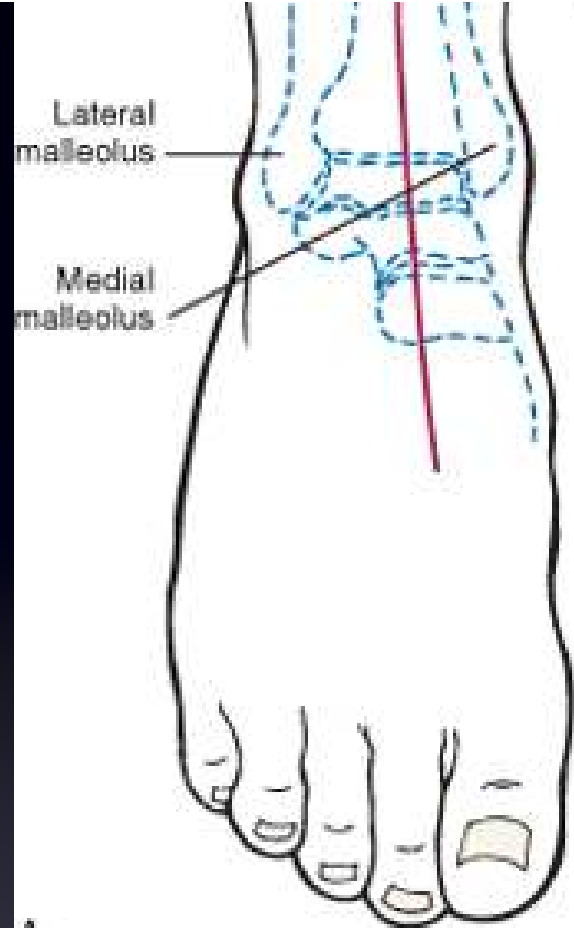


Varus talar
tilt 17°

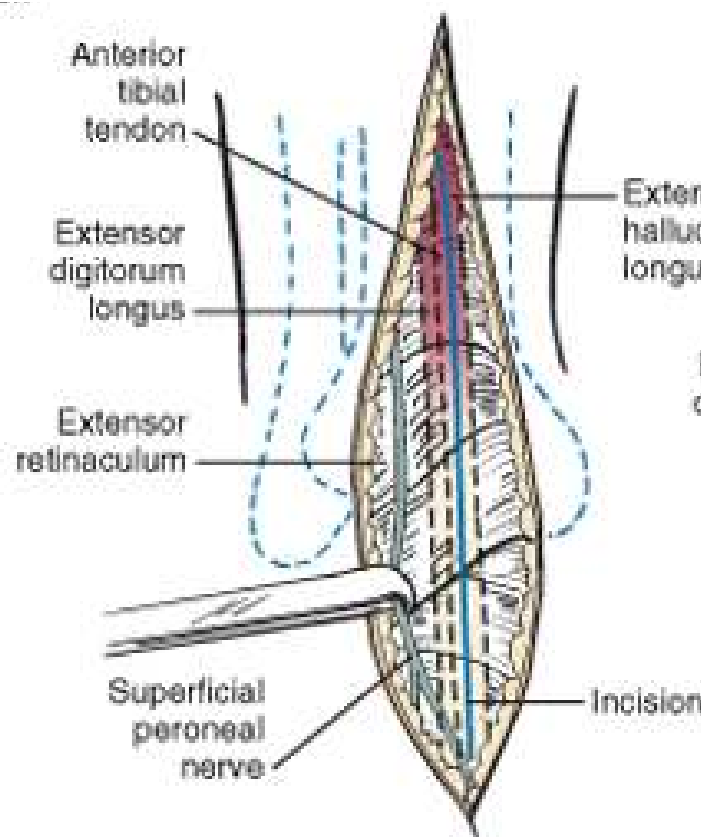




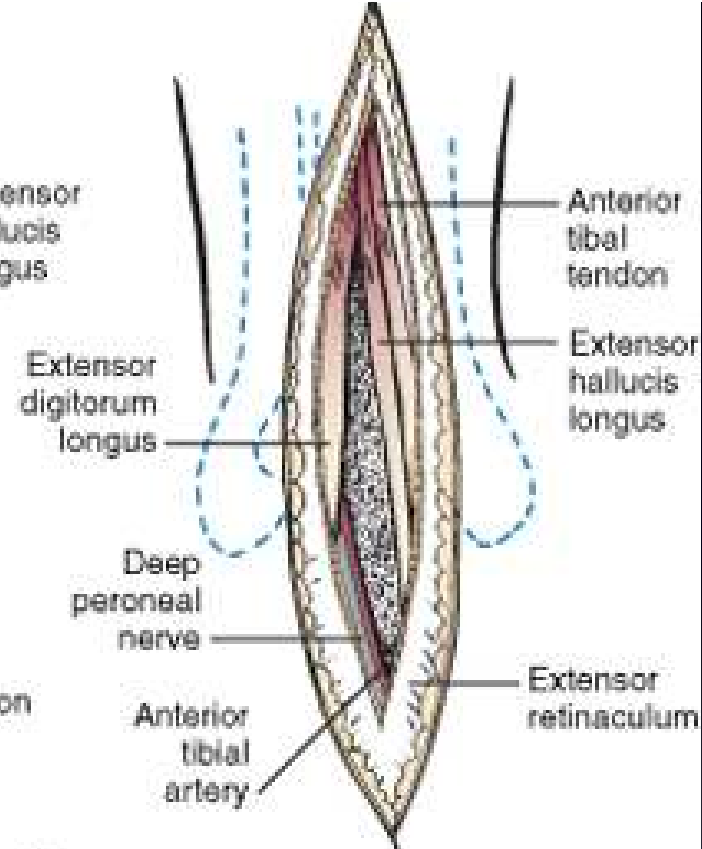
Valgus calcaneal osteotomy



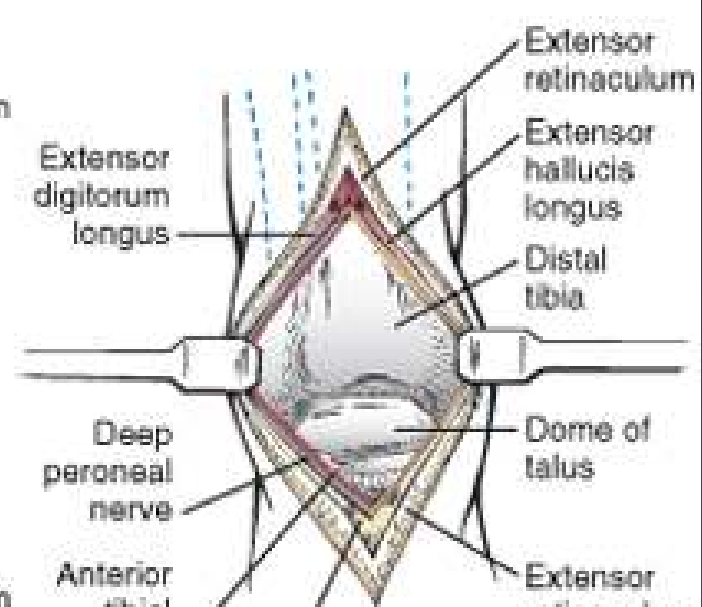
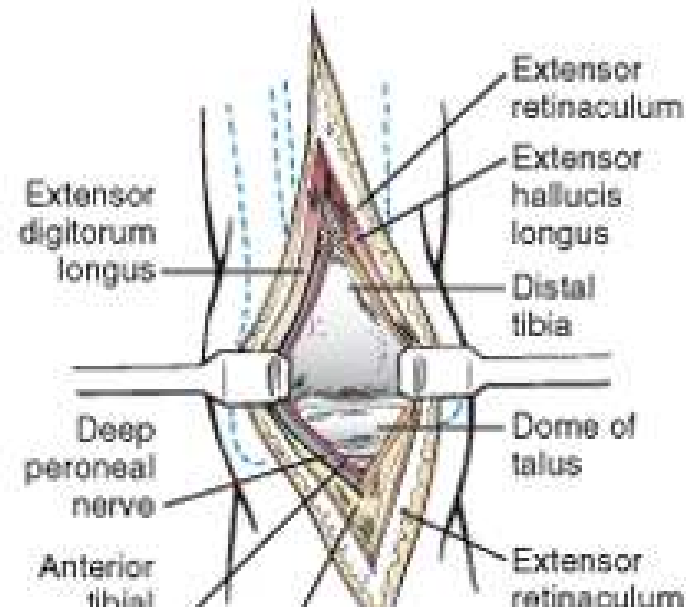
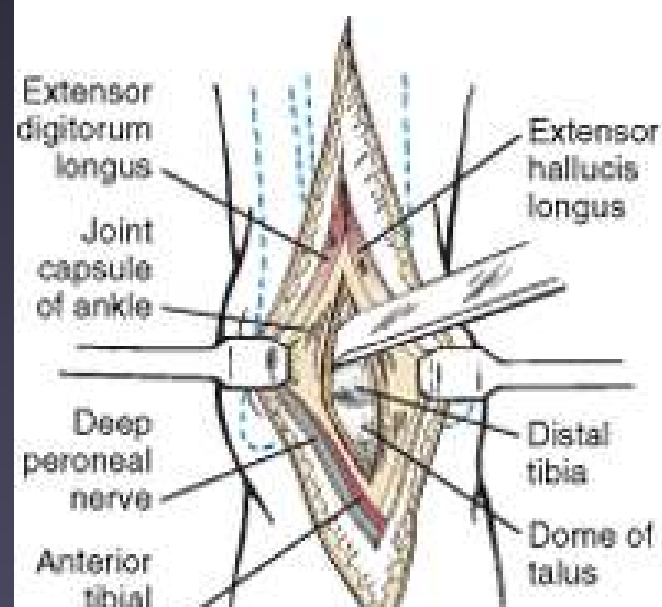
A



B



C





WT BEARING

