

11:25 am – 11:37 am

Converting Replacement to Fusion

Michael P. Clare, MD

(Temple Terrace, Florida)

THE PROBLEM: not the same as a primary arthrodesis

Number of failed ankle arthroplasty cases certain to increase in foreseeable future

CONSIDERABLY MORE DIFFICULT:

due to (possible) infection; bone loss; deformity; limited soft tissue envelope

PRINCIPLES:

Maintain limb length

Obtain sufficient fixation

Preserve subtalar joint (where possible) & malleoli

ANATOMIC COMPRESSION ARTHRODESIS TECHNIQUE (HANSEN):

Preservation of bony anatomy/subchondral plate:

maximize inherent stability, vascularity; preserve medial & lateral malleoli

Minimal bone resection:

minimize limb shortening; minimize malleolar impingement

Multiplanar screws

ACAT / ANTERIOR PLATE AUGMENTATION (SANDERS):

Multiplanar screws / anterior plate: maximum rigidity

WORKUP (BERKOWITZ): Thorough exam!

Rule out deep infection: wound healing difficulties / antibiotic use

Skin/soft tissue envelope: overall condition / previous incisions

Medical co-morbidities / Nicotine use

Vascular supply: pulses / hair growth

Standing alignment: deformity / limb length inequality

Subtalar motion / pain

Standing XR Ankle & Foot:

deformity / lysis / remaining bone stock (talus) / subtalar joint changes

CBC / ESR / CRP / aspiration

DECISIONMAKING:

Deep infection?	intra-op cultures; potential staged arthrodesis
Preserve subtalar joint?	sufficient talus bone stock; reasonable joint space
Size of defect / bone graft options?	cancellous vs structural
Internal fixation options?	screws/plate; nail; nail/plate

FILLING THE DEFECT:

< 2 cm:	CANCELLOUS only: minimal loss of limb length
> 2cm:	STRUCTURAL: iliac crest autograft / allograft (IC / femoral head)
severe:	FEMORAL HEAD BULK ALLOGRAFT: acetabular reamers / osteoinductive agent: IC BMA / BMP / PRP / stem cells

“BOOKS ON A SHELF”: (CAMPBELL)

Tricortical iliac crest autograft/allograft / VERTICALLY oriented rectangular blocks
Maintains length / maximizes bony apposition
Must shape to make plantigrade (~ more trapezoidal)

FUTURE OPTIONS:

TITANIUM SPINAL CAGE / cancellous autograft: OFF-LABEL

TRABECULAR METAL IMPLANT / cancellous autograft: OFF-LABEL

POST-OP PROTOCOL:

Splint/cast immobilization
Strict NON-WEIGHTBEARING x 10-12 weeks
Add BONE STIMULATOR for structural graft

REFERENCES:

Holt ES, Hansen ST, Mayo KA, Sangeorzan BJ: Ankle arthrodesis using internal screw fixation. Clin Orthop Relat Res 1991; 268: 21-28.

Clare MP, Sanders RW: The anatomic compression arthrodesis technique with anterior plate augmentation for ankle arthrodesis. Foot Ankle Clin N Am 2011; 16: 181-189.

Berkowitz MJ, Sanders RW, Walling AK: Salvage arthrodesis after failed ankle replacement. Foot Ankle Clin N Am 2012; 17: 725-740.

Berkowitz MJ, Clare MP, Walling AK, Sanders RW: Salvage of failed total ankle arthroplasty with fusion using structural allograft and internal fixation. Foot Ankle Int 2011; 32: 493-502.

Campbell CJ, Rinehart WT, Kalenak A: Arthrodesis of the ankle: deep autogenous inlay grafts with maximum cancellous-bone apposition. J Bone Joint Surg Am 1974; 56: 63-70.

Walsh S, Berry G, Reindl R, Harvey E: Ankle arthrodesis following bone loss: crossing the void. J Bone Joint Surg Br 2008; 90: S:115.

Henricson A, Rydholm U: Use of trabecular metal implant in arthrodesis after failed total ankle replacement. Acta Orthop 2010; 81: 745-747.

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