BOFAS Position Statement on Total Ankle Replacement

BOFAS recognises that Total Ankle Replacement (TAR) is a procedure with great potential for patients with ankle arthritis. Its role and value as part of the spectrum of available options in different scenarios is yet to be clearly established. Studies are in progress, but inevitably not all questions will be answered and the use of TAR is likely to continue to increase for the foreseeable future. It is acknowledged that of the options available for arthritis, TAR is generally the most expensive and there are significant resource implications in view of the relatively poor value assigned to the procedure by NHS tariffs.

At current usage, ankle replacement is infrequently performed by a large proportion of the involved surgeons. Notably, this is also the case for many other complex foot and ankle procedures, particularly in the hindfoot, but BOFAS acknowledges that there is likely to be greater scrutiny by government/public agencies due to the cost involved and the ease of data availability through various joint registries.

The Society wishes to promote best practice, reduce complications and encourage appropriate development of a potentially very useful technique.

The Society believes all surgeons contemplating TAR should have undertaken appropriate training in the technique by prior cadaver work and/or under supervision of an experienced surgeon. There must also be a commitment to continued training and professional development. The ankle is only one joint amongst many in the foot and frequently the ankle replacement is only a single part of the surgical strategy required to achieve a balanced, stable and pain free foot. Any surgeon contemplating ankle replacement must be competent in all bony and soft tissue procedures around the ankle that may be required to achieve a satisfactory outcome. This would generally mean that the surgery is undertaken by a surgeon with a comprehensive adult foot and ankle practice.

In view of the current limited data to justify ankle replacement over ankle fusion or other techniques, all surgeons should demonstrate ongoing local audit of results and submission to the appropriate joint registry. If it becomes apparent that an individual surgeon's revision rate is more than two standard deviations from the national average then, in common with current joint registry practice, this should be flagged and prompt a review of practice. Surgeons undertaking ankle replacement should also have access to a local or regional MDT, particularly for the discussion of potential revision or complex cases.

BOFAS would also encourage all surgeons, whether or not directly involved in primary TAR, to note that the definition of revision includes any procedure that involves attention to one of the components (including change of liner or conversion

to fusion) and that appropriate data should be submitted to the joint registry following such procedures.

The Society feels strongly that strict application of a minimum number of procedures, as a method to restrict use by an individual surgeon, would be arbitrary and open to misinterpretation. Equally the Society recognises that currently many TARs are performed by surgeons working in isolation or undertaking the procedure infrequently and sporadically. The Society would seek to discourage this practice, in the best interests of both surgeon and patient. In such areas where numbers of cases are smaller or more complex, we would also encourage surgeons to pool their resources or operate jointly, where practicable.