

Joint distraction for ankle osteoarthritis

Information for the public

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What has NICE said?

There is not enough evidence to be sure about how well this procedure works or how safe it is. For this reason, it should only be done as part of a research study.

What does this mean for me?

Your health professional can only offer you this procedure as part of a research study. Details of your procedure will be collected.

The condition

Osteoarthritis is a condition that can affect the ankle joint. It is found mostly in people over 45, but younger people can also be affected. Symptoms of ankle osteoarthritis include pain, stiffness, swelling and difficulty walking.

Several treatments and devices are available for people with ankle osteoarthritis, that may

help you manage your condition. These include painkillers and steroid injections, physiotherapy and surgery.

NICE has looked at using [joint distraction for ankle osteoarthritis](#) as another treatment option.

[NHS Choices](#) and [NICE's information for the public on osteoarthritis](#) may be a good place to find out more.

The procedure

Joint distraction is a technique that can be used to treat osteoarthritis in the ankle. The main bones of the ankle joint are the talus (in the foot) and the tibia and fibula (in the leg). The ends of each bone are covered in a layer of cartilage, which acts like a shock absorber in the joint. In osteoarthritis, the cartilage becomes rough and thin and the ends of the bones become exposed.

In this procedure, a metal frame is fixed around the ankle while the patient is under general anaesthetic or a spinal block. The frame is attached to pins that are drilled through the ankle bones. The joint is pulled slightly apart using the frame, which usually stays in place for 2 to 3 months. During this time, the person is able to walk.

The aim is to take weight off the joint and encourage the cartilage to repair itself.

Benefits and risks

When NICE looked at the evidence, it decided that there is not enough evidence to be sure about how well this procedure works or how safe it is. The 8 studies that NICE looked at involved about 180 patients.

Some people reported having less pain and disability, several months or years after the procedure was done, but not everyone benefitted from the procedure.

The studies showed that the risks of joint distraction included:

- infections around the pins, that were treated by antibiotics

- numbness or pain around the ankle after the procedure, that did not completely go away in some people
- pins breaking; some patients had the pin replaced but others chose to have the pin removed
- 1 patient had a deep vein thrombosis (blood clot in a vein) after the procedure, that needed further treatment.

If you want to know more about the studies, see the [guidance](#). Ask your health professional to explain anything you don't understand.

Questions to ask your health professional

- What does the procedure involve?
- What are the benefits I might get?
- How good are my chances of getting those benefits? Could having the procedure make me feel worse?
- Are there alternative procedures?
- What are the risks of the procedure?
- Are the risks minor or serious? How likely are they to happen?
- What care will I need after the procedure?
- What happens if something goes wrong?
- What may happen if I don't have the procedure?

About this information

NICE [interventional procedures guidance](#) advises the NHS on the safety of a procedure and how well it works.

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Accreditation

