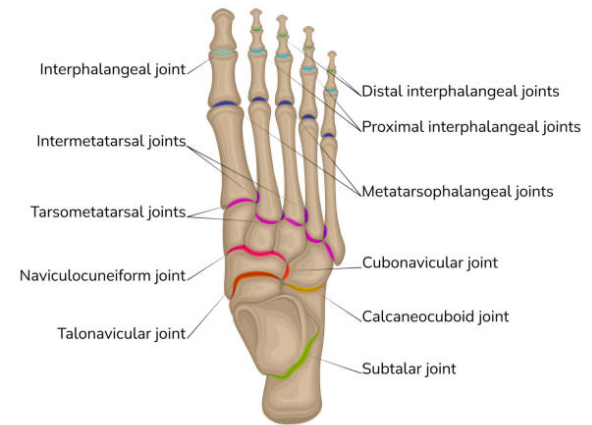


A Patient's Guide To Hindfoot and Midfoot Fusion Surgery

Joints of the foot



What are Hind Foot Joints?

Hind Foot is the joint below the ankle which helps the side-to-side movement.

They Consists of:

1. Subtalar Joint
2. Talo-Navicular Joint
3. Calcaneo-Cuboid Joint

What are the midfoot joints?

Midfoot consists of area between the hind foot and beginning of the toes.

They Consists of:

1. Tarso-Metatarsal Joints
2. Naviculo-Cuneiform Joints

Why is fusion surgery performed?

1. Pain - from osteoarthritis (OA) rheumatoid arthritis (RA), post traumatic arthritis.
2. To correct the shape of foot or deformity.
3. In some of the severe fractures involving the joints

What is involved in this operation?

A fusion (arthrodesis) is an operation to remove the damaged, worn-out joints and encourage the bones to fuse or knit together. This process is similar to the way a broken bone heals.

The surgery is performed through a number of incisions on the foot or occasionally through a keyhole. You and your surgeon will decide which is best for you.

The bones are held in place with screws, plates or staples whilst the bones fuse together. The metalwork is usually left in place forever but are occasionally removed if they are prominent and cause pain.

What are the risks of surgery?

1. Infection, wound healing
2. Ongoing pain
3. Failure of bone healing (non-union)
4. Bones healing in a wrong position (mal-union)
5. Sensitive or painful scar
6. Clots in the leg (DVT) / lung (PE)
7. Chronic Regional Pain Syndrome (nerve pain)
8. Fracture (bone crack during surgery that can be fixed)
9. Prominent metalwork that may need to be removed.

Smoking, diabetes, rheumatoid arthritis or being on steroids increases possible risks significantly.

Post-operative Venous Thromboembolism (VTE) prophylaxis

Whilst your leg is being stabilised within a plaster cast (up to 6 weeks) you may be required to take blood thinning medication every day to prevent the formation of a blood clot in your leg and associated complications

Follow up clinic appointments

2 weeks clinic: removal of sutures and change of plaster

6 to 8 weeks clinic: change of plaster to another cast or walker boot. X-ray of the foot to ensure satisfactory fixation of bones and to check the bone healing in progress.

Three to four months clinic: removal of cast / X-ray foot to ensure bone healing, (may continue with supportive boot if necessary)

Further appointments may be arranged depending on your progress and bone healing

How long will it take to recover?

After the operation you will have your foot in a plaster cast. To minimize the swelling, foot must be kept above the groin level for most of the time. When the foot is lowered it will throb and swell.

You are likely to spend a day or overnight stay in the hospital. Occasionally you may stay longer for pain control or to practice walking without putting weight through the operated leg.

You will be non-weight bearing on the operated foot in a plaster cast for a minimum of 2 weeks.

Your surgeon will discuss the weight bearing restrictions during the bone healing period for the first 2 to 4 months of surgery.

From three to six months post-surgery, you will gradually start to build up your mobility and strength. Full recovery will take 6 months and beyond, (depending on your type of surgery).

Will I need any time off work?

In general, 6 to 8 weeks off work is required for sedentary posts; 12 to 16 weeks for standing or walking posts; 4 to 6 months for manual / labour intensive posts.

It can take several months (6-12) for the swelling to settle. Continue to elevate your foot as needed.

Once your fusion is achieved you should be able to return to wearing normal shoes and resume exercise.

When can I drive?

You can start driving when you are comfortably walking in your own footwear. If you cannot safely make an emergency stop, your insurance will not cover you in the event of an accident. Drive short distances before long ones. If you are having surgery on your left leg and drive an automatic car, you could consider driving sooner, but only if you are safe to do so.