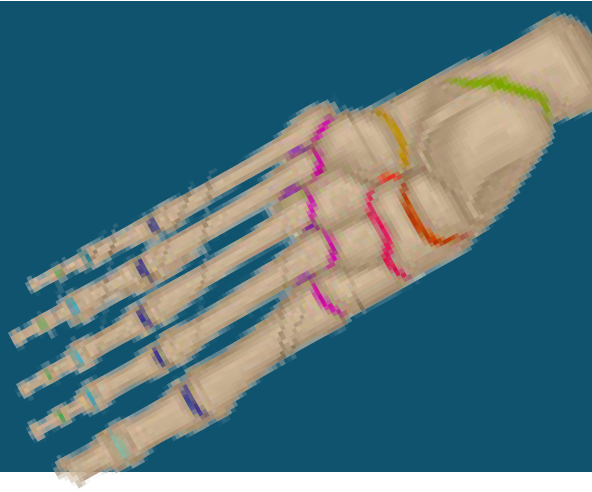
A Guide To Hindfoot and Midfoot Fusion Surgery



What are Hind Foot Joints?

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

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