

MIDFOOT FUSION

What is the problem?

Like all joints, the small joints in the midfoot can be affected by arthritis. With the passage of time the arthritis causes increasing pain, swelling and loss of function. Fusing the most affected joint or joints is a reliable way to decrease the pain and improve the function of the foot. Fusing a joint means connecting the two bones on either side of the joint together. After midfoot fusions, most patients are able to walk comfortably and have considerably less pain.

What's involved?

There are a number of steps to midfoot fusion surgery. These include:

- nerve block, general anaesthetic, intravenous antibiotics
- incision(s) on top of the foot
- removal of remaining cartilage
- insertion of bone graft (often taken from the heel bone) and other cells to stimulate fusion
- fixation with staples and/or screws and/or plates
- check x-rays
- closure of wound with stitches
- plaster back slab

What's the worst thing(s) that can happen with surgery?

All surgical procedures carry some risk. The risk of complications with midfoot fusion surgery is low. Some of the risks with surgery include:

- Infection
- Problems with wound healing
- Nerve injury causing numbness, tingling and/or pins and needles.
- Non-union (when the bones don't joint together)
- Mal-union (when the bones heal in the wrong position)
- Deep venous thrombosis/pulmonary embolism. (The risk of DVT increases with smoking, the oral contraceptive pill and hormone replacement therapy, immobility and obesity).
- Anaesthetic complications
- Drug allergy
- Ongoing pain

What can I expect after surgery?

Rest

- You will have a cast on your leg. Keep foot elevated as much as possible, especially for initial 72 hours. Keep dressings dry and intact until post operative appointment.
- Mobilise short distances as pain allows, aim to remain in your own home for the first few weeks limiting long periods of standing or mobilising

- Do not bear weight for the first two weeks

Pain

- Pain relief may be required for up to 2-4 weeks; depending on your other medications this may include:
 - Regular paracetamol, anti-inflammatory drugs and break through opiate type medications
 - A regular blood thinning medication will also be prescribed for 2 weeks

Driving

- Any surgery performed on the right foot or both feet will mean no driving for a minimum of 6 weeks
- If surgery was performed on the left foot then driving in an automatic is possible, but Dr Phegan would recommend waiting a minimum of two weeks before attempting to drive

Driving any vehicle with a cast or boot is potentially hazardous and you should consider this before getting behind the wheel

Follow up

- Keep all dressings dry and in tact for the first two weeks
- Removal of stitches/sutures typically occurs at an appointment with Dr Phegan and his in-house therapists at 10-14 days at first post operative appointment. Very occasionally some sutures need to stay in for longer
- Your appointment will be booked by Dr Phegan and a confirmatory SMS will be sent informing you of the time and date for follow up

Typical milestones

- 2 weeks: Wound review and removal of sutures, change from cast to boot, commence rehabilitation
- 2-6 weeks: make efforts to maintain range of motion and continue non-weight bearing
- 6 weeks to 3 months: work on swelling reduction, scar massage and mobility
- Full recovery 6-12 months

Every patient's recovery is individual and depends on the severity of the injury and the complexity of the surgery

ANY PROBLEMS

During office hours contact Dr Phegan's office on (07) 56711120 or email info@drphegan.com

After hours please contact the hospital where your surgery was performed or attend your local GP