

TIBIO-TALO-CALCANEAL ARTHRODESIS (Hind Foot Fusion)

What is the problem?

Like all joints the ankle and the subtalar joint can be affected by various types of arthritis. With the passage of time and with wear and tear arthritis leads to increasing pain, swelling and stiffness resulting in a hind foot that does not function well. Tibio-talo-calcaneal arthrodesis or fusion is a very effective way to relieve the pain of hind foot arthritis affecting both the ankle and the subtalar joints

The aim of the surgery is to fuse the joints to decrease pain, deformity and to improve function. The fusion is achieved using a nail that is inside the tibia, talus and calcaneal bones.

What's involved?

There are a number of steps to tibio-talo-calcaneal fusion surgery. These include:

- general anaesthetic, intravenous antibiotics
- incision over front and outer aspect of the ankle,
- removal of remaining cartilage from the joints
- incision over the side of the heel.
- harvesting of bone from heel bone for grafting
- insertion of bone graft and other cells into fusion to stimulate fusion
- insertion of nail through the base of the foot.
- fixation with screws to the tibia, talus and calcaneus
- check x-ray
- closure of wound with stitches
- infiltration of local anaesthetic.
- application of back slab plaster.

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

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

- Infection
- Problems with wound healing
- Nerve injury causing numbness, tingling and/or pins and needles
- Non-union (when the bones don't fuse)
- Mal-union (the bones don't fuse in the right position)
- Periprosthetic fracture
- Altered gait
- 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 six weeks

Pain

- Pain relief may be required for up to 6 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
- 2-6 weeks: wound management, swelling reduction techniques, pain management
- 6weeks to 3 months: work on swelling reduction, scar massage and mobility. Progress weightbearing
- 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