

# **DR ANDREW WINES MBBS FRACS (Orth) FAOrthA**

## **Adult and Paediatric Orthopaedic Surgeon**

### **Foot, Ankle and Trauma Surgery**

## **1<sup>st</sup>, 2<sup>nd</sup> & 3<sup>rd</sup> TARSO-METATARSAL JOINT ARTHRODESIS**

### **INTRODUCTION**

Like all joints, the 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 1<sup>st</sup> -3<sup>rd</sup> TMT joint arthrodesis, most patients are able to walk comfortably and have considerably less pain.

### **THE SURGERY**

There are a number of steps to 1<sup>st</sup> – 3<sup>rd</sup> TMT joint fusion surgery. These include:

- i. general anaesthetic, intravenous antibiotics
- ii. Incision(s) on top of the foot and inside of the foot.
- iii. removal of remaining cartilage
- iv. insertion of bone graft (often taken from the heel bone) and other cells manufactured from donated human bone to stimulate fusion
- v. fixation with staples and/or screws and/or plates
- vi. check x-rays
- vii. closure of wound with stitches
- viii. plaster back slab

### **RISKS OF SURGERY**

All surgical procedures carry some risk. Fortunately, the risk of complications with 1<sup>st</sup> -3<sup>rd</sup> TMT joint arthrodesis joint surgery is low (in the vicinity of 20%). Some of the risks of surgery include:

- Infection
- Problems with wound healing that may require antibiotic treatment, readmission to hospital, further surgery including plastic surgery and/or other treatments
- Nerve injury causing pain, numbness tingling and/or pins and needles
- Ongoing pain
- Complex regional pain syndrome
- Scarring
- Non-union (the bones don't fuse together)
- Mal-union (the bones don't fuse in the correct position)
- Deep venous thrombosis/pulmonary embolism. (The risk of DVT increases with smoking, the oral contraceptive pill and hormone replacement therapy, immobility and obesity).
- Insufficient blood flow resulting in loss of toes, foot or limb
- Drug allergy / anaphylaxis
- Further surgery
- Anaesthetic complications including heart attack, stroke and death

### **GUIDELINES FOR EXPECTED POST OPERATIVE RECOVERY**

Keep dressings dry and intact until post operative appointment. Keep foot elevated as much as possible, especially for initial 72 hours.

Removal of stitches/sutures: 10-14 days at first post operative appointment.

Xarelto tablets (to prevent deep venous thrombosis): for 6 weeks.

Pain killers may be required for up to 6 weeks.

Protected weight bearing:

- Up to 12 weeks with crutches
- First 2 weeks in a back slab non weight bearing
- 4 weeks touch weight bearing in a fibreglass cast
- Then 6 weeks weight bearing as tolerated in AirCast boot

Return to most activities: within 9 months.

Full recovery: up to 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 Wines' office on (02) 9409 0563. After hours, please contact the hospital where your surgery was performed.