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Foot, Ankle and Trauma Surgery

MIDFOOT ARTHRODESIS

INTRODUCTION

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.

THE SURGERY

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

- i. nerve block, general anaesthetic, intravenous antibiotics
- ii. incision(s) on top of the foot
- iii. removal of remaining cartilage
- iv. insertion of bone graft (often taken from the heel bone) and other cells 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

THE RISKS OF SURGERY

All surgical procedures carry some risk. The risk of complications with midfoot fusion 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 and stiffness
- Non-union (the bones don't fuse together)
- Mal-union (the bones don't fuse in the correct position)
- Recurrence or over correction of the deformity
- Symptomatic hardware requiring removal
- 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.

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
- Non/touch weight bearing first 6 weeks. A plaster or boot needs to be worn in bed at night for at least the first 6 weeks
- Partial weight bearing (up to 30kg) in Aircast walking boot for second 6 weeks

Return to most activities: within 6 months.

Full recovery: up to 12 months.

Every patient's recovery is individual and depends on the severity of the pathology 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.