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SUBTALAR AND TALO-NAVICULAR ARTHRODESIS

INTRODUCTION

The subtalar joint is the joint between the heel bone (calcaneus) and the bone on the under surface of the ankle (talus). The talo-navicular joint is the joint between the talus and the bone on the inside of the middle of the foot (navicular). These joints can become painful and stiff with arthritis or can collapse in a severe flat-foot. The treatment of both conditions is to arthrodese (fuse the joints together). In some cases a lengthening of the Achilles tendon is also performed in order to maintain range of motion of the ankle. After a subtalar and talo-navicular fusion most patients are able to walk comfortably, without a limp, and have considerably less pain than prior to surgery.

THE SURGERY

There are a number of steps to subtalar and talo-navicular fusion surgery. These include:

i. general anaesthetic +/– nerve block, intravenous antibiotics
ii. incision(s) on the outside and the inside of the foot
iii. removal of remaining cartilage from subtalar and talo-navicular joints
iv. insertion of bone graft and other cells to stimulate fusion
v. fixation with screws and staples
vi. check x-rays
vii. closure of wound with stitches
viii. back slab

THE RISKS OF SURGERY

All surgical procedures carry some risk. Fortunately, the risk of complications with subtalar 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
- 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.

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
- 2 weeks in a back slab non weight bearing
- 4 weeks touch weight bearing in a fibreglass cast
- Full weight bearing in AirCast walking boot for further 6 weeks

Return to most activities: within 6 months. Fully 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.