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SUBTALAR FUSION

INTRODUCTION

The subtalar joint is located between the heel bone (calcaneus) and the bone of the under surface of the ankle (talus). It is responsible for approximately 80% of the side to side movement of the hindfoot. At times it becomes arthritic resulting in pain, swelling and loss of function. Fusing the subtalar joint is an effective way of decreasing pain and improving the function of the foot. Fusion of a joint means connecting the two bones on either side of the joint together. After a subtalar fusion most patients are able to walk comfortably, without a limp, and have considerably less pain.

THE SURGERY

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

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

THE RISKS OF SURGERY

All surgical procedures carry some risk. The risk of complications with subtalar 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 joint together)
- 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

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.

Clexane injections (to prevent deep venous thrombosis): 10-14 days. Pain killers may be required for up to 2 weeks. Antibiotics for 2 weeks.

Protected weight bearing:

- 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. 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 0500.

After hours please contact the hospital where your surgery was performed.