

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

## **Adult and Paediatric Orthopaedic Surgeon**

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

#### **SUBTALAR ARTHRODESIS**

##### **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 (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)
- Recurrence and over correction of the deformity
- 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.