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TIBIO-TALO-CALCANEAL ARTHRODESIS

INTRODUCTION

Like all joints the ankle and the subtalar joint can be affected by various types of arthritis. With the passage of time and with wear and tear arthritis leads to increasing pain, swelling and stiffness resulting in a hind foot that does not function well. Tibio-talo-calcaneal arthrodesis or fusion is a very effective way to relieve the pain of hind foot arthritis affecting both the ankle and the subtalar joints. The aim of the surgery is to fuse the joints to decrease pain, deformity and to improve function. The fusion is achieved using a nail that is inside the tibia, talus and calcaneal bones.

THE SURGERY

There are a number of steps to tibio-talo-calcaneal fusion surgery. These include:

- i. general anaesthetic, intravenous antibiotics
- ii. incision over front and outer aspect of the ankle,
- iii. removal of remaining cartilage from the joints
- iv. incision over the side of the heel.
- v. insertion of bone graft (often taken from the heel bone) and other cells manufactured from donated human bone to stimulate fusion
- vi. insertion of nail through the base of the foot.
- vii. fixation with screws to the tibia, talus and calcaneus
- viii. check x-ray
- ix. closure of wound with stitches
- x. infiltration of local anaesthetic.
- xi. application of back slab plaster.

RISKS OF SURGERY

All surgical procedures carry some risk. The risk of complications with tibio-talo-calcaneal 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.

Pain killers may be required for up to 6 weeks.

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

Protected weight bearing: 12 weeks with crutches

- Non/touch weight bearing in plaster for first 6 weeks
- Weight bearing as able in boot or plaster 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 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.