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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. harvesting of bone from heel bone for grafting
- vi. insertion of bone graft and other cells into fusion to stimulate fusion
- vii. insertion of nail through the base of the foot.
- viii. fixation with screws to the tibia, talus and calcaneus
- ix. check x-ray
- x. closure of wound with stitches
- xi. infiltration of local anaesthetic.
- xii. 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. 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 fuse)
- 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 at the first postoperative appointment, at 10-14 days. Plaster removed and reapplied at this appointment.

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

Protected weight bearing:

- 12 weeks with crutches
- Non/touch weight bearing first 6 weeks
- Partial weight bearing (up to 30kg) 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.