

DR ANDREW WINES MBBS FRACS (Orth)

Adult and Paediatric Orthopaedic Surgeon

Foot, Ankle and Trauma Surgery

TRIPLE ARTHRODESIS

INTRODUCTION

Triple arthrodesis/fusion is a reliable and effective method of treating arthrodesis of the joints of the hindfoot. In a triple arthrodesis three joints (subtalar, talo-navicular and calcaneo-cuboid) are fused together. After a triple arthrodesis most patients have considerably less pain and improved foot function.

THE SURGERY

There are a number of steps to triple arthrodesis surgery. These include:

- i. nerve block, general anaesthetic, antibiotics
- ii. incisions over inside and outside of the foot
- iii. removal of remaining cartilage from the subtalar, talo-navicular, and calcaneo-cuboid joints
- iv. insertion of bone graft (often taken from the heel bone) and other cells manufactured from donated human bone 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. The risk of complications with triple arthrodesis 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 or 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.

Pain killers may be required for up to 6 weeks.

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

Protected weight bearing:

- Up to 12 weeks with crutches
- Touch weight bearing in plaster for first 6 weeks
- Weight bearing as tolerated AirCast walking boot for second 6 weeks

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.