

Go back to work?

If your foot is comfortable, and you can keep your foot up and work with your foot in a special shoe, you can go back to work within 2-3 weeks of surgery. On the other hand, in a manual job with a lot of dirt or dust around and a lot of pressure on your foot, you may need to take anything up to six months off work. How long you are off will depend on where your job fits between these two extremes.

Drive?

If you have only your left foot operated on and have an automatic car you can drive within a few weeks of the operation, when your foot is comfortable enough and you can bear weight through it. Most people prefer to wait till the plaster is removed and they can wear a shoe. It is important that you feel you can safely drive the car.

Play sport?

After your plaster is removed you can start taking increasing exercise. Start with walking or cycling, building up to more vigorous exercise as comfort and flexibility permit. Obviously, the foot will be stiffer after surgery and you will not be able to do all activities that people with normal feet do. However, many people find that because the foot is more comfortable than before surgery they can do more than they could before the operation. Most people can walk a reasonable distance on the flat, slopes and stairs, drive and cycle. It is unusual to play vigorous sports such as squash or football after a triple fusion.

WHAT ARE THE RISKS?

The main problem is the swelling of the foot, which may take many months to go down fully, and some people's feet always remain slightly puffy. You may find that only trainers are comfortable for several months. Keeping your foot up, applying ice or wearing elastic stockings may help to keep the swelling down. Swelling is part of your body's response to surgery rather than the operation "going wrong" but it is a nuisance.

Sometimes the cuts, especially the one on the outer surface of the foot where the blood supply is not so good, are rather slow to heal. This usually just requires extra dressing changes and careful watching to make sure the wound does not become infected. Minor infections in the wounds are slightly more common and normally settle after a short course of antibiotics. Infection in the bones of the foot only happens in about 1% of people. If it does it is serious, as further surgery to drain and remove the infected bone and any infected screws or pins will be necessary. You may then need yet more surgery to get the foot to fuse in a satisfactory position. The result is not usually as good after such a major problem as if the foot had healed normally.

About 5-10% of fusions does not heal properly and need a further operation to get the bones to fuse. Research shows that 5-10% of triple fusions do not heal in exactly the position intended, either because the position achieved at surgery was not exactly right or because the bones have shifted slightly in plaster. Usually this does not cause any problem, although the foot may not look "quite right". Occasionally the position is a problem and further surgery is required to correct it.

Sometimes screws or pins become loose as the bone heals and cause pain or rub on your shoe. If this happens they can be removed.

Though rare blood clots in the leg (DVT – deep vein thrombosis) can occur. These can spread to the lungs and become serious. Your surgeon will advise on how to avoid this.

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Sport and Orthopaedic Clinic Limited
BUPA Hospital Bristol
3 Redland Hill
Bristol, BS6 6UT
UK
Phone 0044 (0)117 3171796
Fax 0044 (0)117 973 8678



Triple Fusion
(Arthrodesis)

TRIPLE FUSION

INTRODUCTION

This is an operation to "fuse" or stiffen the three main joints of the back part of the foot excluding the ankle joint (hence "triple fusion"). Triple fusions are done for two main reasons:

Arthritis of the joints. This is commonly because of a previous injury that has damaged the joints.

Severe deformity of the foot, such as a flat foot, high-arched or "cavus" foot, a club foot or other deformity.

HOW DO I KNOW I NEED THIS OP?

We often inject local anaesthetic or steroid into damaged joints, before any surgery is considered, to see whether this helps the pain. In some people, this gets rid of the pain and surgery is not necessary at first.

CAN I TREAT IT?

Not usually. Sometimes a lace up boot worn snugly will help symptoms but when your pain is severe and persistent you might want the surgical option for an improved quality of life.

WHAT DOES THE OPERATION INVOLVE?

Generally two cuts are made, one along the outer side of the foot and one on the inner side. Usually these are 4-5 cm long. Each of the three joints is opened up and the joint surfaces removed and, if necessary, reshaped to correct a deformity. The joints are then put in the correct place and fixed together with screws, pins or staples. The heel ("subtalar") joint may be fixed with a screw passed

through another small cut in the back of the heel. The other joints are fixed through the main cuts.

It is usually necessary to put some extra bone into a triple fusion to get it to heal and to fill any gaps in the fusion left by correcting deformity. Often this extra bone can be obtained from the bone that is cut out to prepare the fusion. Sometimes there is not enough bone from this and bone has to be taken from the tibia bone just below the knee.

Some people who have foot deformities have a tight Achilles tendon ("heel cord") or weak muscles, or both. The Achilles tendon may be lengthened during surgery by making three small cuts in the calf and stretching the tendon. Some people with deformities of the foot also have deformed toes. Again, these may be corrected at the same time or at a later operation.

WHAT ABOUT THE ANAESTHETIC?

The operation is usually done under general anaesthetic (asleep). Alternatively, an injection in the back can be done to make the legs numb while you remain awake (spinal anaesthetic). These do not always work and in that case you may have to go to sleep if the operation is to be done. Your anaesthetist will advise you about the best choice of anaesthetic for you.

In addition, local anaesthetic may be used while you are asleep to reduce the pain experienced after the operation. You will also be given pain-killing tablets as required after the operation.

WHAT SHOULD I DO AFTER I GO HOME?

Most people who are reasonably fit can come into hospital on the day of surgery, having had a medical check-up 2-3 weeks beforehand. After surgery your foot will tend to swell up quite a lot. You will therefore have to rest with your foot

raised to help the swelling to go down. This may take anything from two days to a week. Rest and elevation helps to get the swelling down quickly. Once the swelling goes down and the cuts on your foot are healing your foot will be put in plaster and you can get up with crutches and go home. The physiotherapist will teach you how to walk with crutches. Most people are in hospital for 2-4 days.

You will need to wear a plaster from your knee to your toes until the joints have fused - usually 10-14 weeks. For the first two weeks you should not put any weight on your foot as it may disturb the healing joints. (Occasionally touching your foot to the ground for balance is OK, but no more.) Your surgeon will discuss the exact arrangements for your individual case.

By the time you go home you will have mastered walking on crutches without putting weight on your foot. You should go around like this for 2 weeks. 10-14 days after your operation you will be seen again in the clinic. Stitches will be removed at this stage if necessary. If all is well you will be put back in plaster. You should continue walking with your crutches but only partial weight bearing.

About 6 weeks after your operation you will come back to the clinic to change your plaster again. You will have further X-rays once 3 months have elapsed. If the X-rays show that the joint is fused enough to take your weight, the plaster will be removed and you can start walking without it.

HOW SOON CAN I:

Walk on the foot?

As explained above, you should not walk in the foot for at least 2 weeks after surgery.