

Hindfoot / Midfoot Fusion (Arthrodesis)

**Orthopaedic Department
Patient Information Leaflet**



There are often three reasons why this operation is performed:

- Pain - from osteoarthritis (OA) and rheumatoid arthritis (RA).
- Change of shape of foot or deformity.
- After a fracture of the bones of the foot or ankle.

What is involved in this operation?

A fusion (arthrodesis) is an operation to remove painful joints and encourage the bones to fuse or knit together. This process is similar to the way a broken bone heals.

There are a variety of types of surgery. You and your surgeon will decide what is best for you. The surgery is performed through a number of incisions on the foot. The bones are held in place with screws or staples whilst the bones fuse together.

The screws are usually left in place forever but are occasionally removed if they are prominent and cause pain.

Are there any risks associated with having the operation?

Possible complications of surgery include:

- Bleeding from the incisions.
- Delayed incision healing.
- Infection.
- Pain.
- Stiffness.
- Swelling - this can last for up to a year after surgery.
- Injury to nerves - Numbness or tingling can occur at the wound or in the foot. This is usually temporary but in some it may be permanent.
- Blood clots - Deep vein thrombosis (DVT) or pulmonary embolism (PE) is rare. If you or your family have a history please let us know.
- Need for further surgery.
- Failure of the bones to fuse - there is a greater risk of this complication in people who smoke.
- Arthritis in adjacent joints.

What can I expect after the operation?

You will return from theatre with your leg elevated on your bed. Your leg might be numb if a local anaesthetic has been used. You will stay in hospital until you are safe on crutches and the surgical team are happy with your progress to walk as normally as possible. You may use the crutches for a few days as needed.

You will be in half plaster (back slab) for 2 weeks whilst your wounds heal. During this time you will need to keep your foot elevated for 50 minutes of every hour to avoid swelling and infection.

You will then go into a full plaster for a further 4 weeks.

During this total 6 week period you will need to be non-weight bearing on the leg affected – this will mean you will be hopping and using crutches or some other sort of walking aid. This will temporarily limit your mobility both indoors and outdoors. During this time your leg still needs to be elevated for the majority of the time.

Following this, most patients are placed in a removable boot in which they can partially weight bear with instruction from the physiotherapy department.

The nature of a joint fusion is to knit or fuse the bones together. This removes the pain but as a result you lose the movement of this joint(s). It can take many weeks or months for the bones to fuse and so needs to be protected in a plaster cast and boot.

It is important that you pre-plan and pre-arrange any help you will need with everyday tasks. This will make your discharge much easier.

Your physiotherapist will assess you for an appropriate mobility aid (e.g. crutches or zimmer frame) and teach you how to walk and climb the stairs without putting your operated leg to the floor.

What do I need to do before the operation?

It is a good idea to get things organised for your discharge from hospital.

Below is a list of things it might be a good idea to organise:

- Help with household tasks.
- Food cupboards stocked up.
- Help with shopping.
- Help with children, pets and relatives organised for your return home.
- Someone to bring you to and from the hospital.

What about pain?

Whilst you are in hospital you will be monitored and the medical staff will give you painkillers as required and prescribed. You will be given painkillers and instructions on management of the pain by nursing staff before you leave hospital.

What should I do when I leave hospital?

Swelling is quite common, so in order to reduce swelling, your foot should be elevated (above the level of your heart) for 50 minutes in every hour for the first two weeks.

Your activities will be initially affected whilst you are in a cast particularly when you have to non-weight bear. This includes household and work activities.

You will not be expected to return to a normal level of activity until you have been advised on your progress.

When can I return to work?

Your own circumstances will determine when you feel ready to go back to work. If you have an office-type job and you can elevate your leg then you should be able to return to work within 7 days.

If your job requires a lot of walking or is strenuous then you may need 2 - 3 weeks off work. Patients can self-certificate their sick leave for 7 days. If you require a sick certificate please ask your GP.

When can I return to driving?

You must be free of pain and able to perform an emergency stop. This will also depend on which foot was operated on (right or left). If you have had left sided surgery and drive an automatic car you may be able to drive 2 - 4 weeks following surgery. Your insurance company must be notified regarding the type of operation that you have undergone to ensure that cover is valid.

Approximate Recovery Guide:

12 - 14 days post-op

- Stitches out.
- New light-weight cast applied.

6-8 weeks post op

- Check x-ray performed.
- Cast changed to a removable boot as required Allowed to increase weight bearing.

12 weeks post op

- Check x-ray performed.
- Out of cast and full weight-bearing walking and perhaps physiotherapy.

3 - 6 months

- Most patients are back to regular shoes and activities.

Note: this is an approximate guide and will depend on how well you as an individual heal and if there are any complications.

What should I do if I have a problem?

If you experience severe pain, excessive swelling, inflammation or discharge please report it to your GP. If you cannot contact your GP you should contact A&E.

Useful contact details

Appointments Office:

Telephone: 01253 953540

Hospital Switchboard: **01253 300000**

Patient Relations Department

The Patient Relations Department offer impartial advice and deal with any concerns or complaints the Trust receives. You can contact them via:

Tel: **01253 955589** or by Email: **patient.relations@bfwh.nhs.uk**

You can also write to us at: **Patient Relations Department, Blackpool Victoria Hospital, Whinney Heys Road, Blackpool FY3 8NR**

Further information is available on our website: **www.bfwh.nhs.uk**

References

This leaflet is evidence based wherever the appropriate evidence is available, and represents an accumulation of expert opinion and professional interpretation.

Details of the references used in writing this leaflet are available on request from: **Procedural Document and Leaflet Coordinator 01253 953397**

Options available

If you'd like a large print, audio, Braille or a translated version of this booklet then please call: **01253 955588**



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People Centred	Positive
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