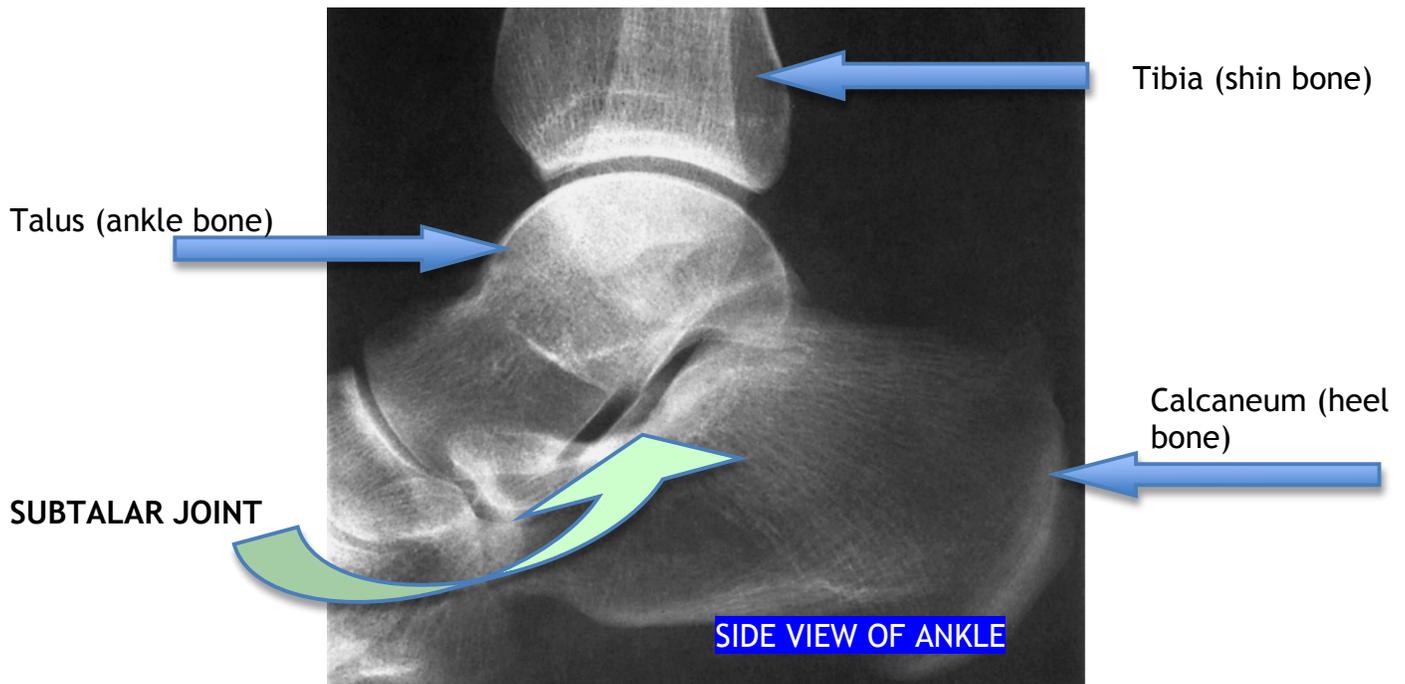




Subtalar Fusion

Cornwall Foot and Ankle



Patient Information on Subtalar Fusion (Arthrodesis)

What is a subtalar fusion?

A subtalar fusion is an operation, in which the surfaces of the joint below the ankle are removed and fixed together in order to abolish all movement of this joint. This is generally performed arthroscopically (keyhole surgery) but may require an open procedure. This operation is useful to reduce severe pain.

Why do I need a subtalar fusion?

Subtalar fusions are performed for patients who have significantly painful arthritis with or without deformity of the subtalar joint. This is the joint directly below the ankle joint and in some countries is referred to as the lower ankle joint. This may be a condition that has arisen on its own, follow years after an injury or may be related to other conditions such as rheumatoid arthritis. Surgery is recommended for patients who have significant pain related to their arthritis, which is affecting the quality of their life and causing their mobility, working life or hobbies to be significantly impaired. Patients with subtalar arthritis often get very severe pain when walking on sand, cobbled streets or other uneven surfaces.

What if I have nothing done, what will happen?

Subtalar joint arthritis generally follows a pattern similar to arthritis in the other joints such as the hip and knee. Over time pain may get more severe and the subtalar joint will become stiffer. Injections can be performed but they may become less effective over time. A few patients may improve should the joint become naturally very stiff.

Can I have a subtalar joint replacement?

There is currently no joint replacement available for the subtalar joint as it is a highly complex joint.

How is the surgery done?

In our practice most subtalar fusions are performed by an arthroscopic (keyhole) technique for most patients. This is a technique that is only done in very few centres around the world. After the joint surfaces are removed, one or two screws are inserted to hold the joint rigidly while the bones heal together. This involves three or four scars in total of about 1cm each. If your surgery is done as an open procedure, you would normally have a scar of about 6cm on the outside of your ankle and one additional 1cm scar.



How long am I in hospital for?

Most people come into hospital on the day of surgery, having had a medical assessment about 2-4 weeks beforehand. On the day of surgery, the majority of patients have nerve blocks with their anaesthetic, which makes their leg almost completely numb and comfortable. The day after surgery, when you are able, the physiotherapist will get you out of bed and start you walking with crutches. This means that most patients leave hospital within 1-2 days of surgery and are able to walk out of hospital using crutches and touching the operated-on foot to the ground for balance if necessary.

What happens when I leave hospital?

After leaving hospital you will have a temporary plaster. At home, you will need to rest and elevate the foot. The hospital will prescribe you painkillers to be taken if necessary and we may recommend a daily injection to help reduce the risk of deep venous thrombosis.

When will I be seen in clinic?

Patients are seen at 2 weeks after surgery to check wounds and change your plaster. At this stage you may start walking on the foot as comfort allows. You are then seen at 6 weeks and 12 weeks from surgery for x-rays. At 6 weeks, your plaster will often be changed to a removable boot that may be removed at night and for bathing.

How long do I need off work?

Most patients will require 4 months off work and sometimes 6 months. Patients that undertake predominantly seated work may be able to return after 6 weeks. It may take up to one year to feel the full benefit from the surgery.

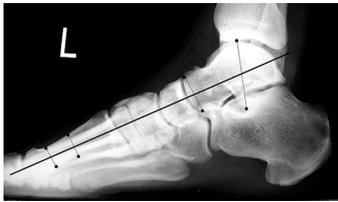
When can I drive?

You will not be insured to drive until you are out of your plaster or walker boot. Patients with surgery to the left foot could drive an automatic after a few weeks.

Can I play sport?

After the joint is fused, you may start taking increasingly vigorous exercise. It is sensible to start with walking or cycling and build up as comfort allows. Walking on rough ground may be difficult and it is rare to be able to play vigorous sports.

Risks and Complications of Subtalar Fusion



General Risks and Complications

There are general risks associated with having an operation and an anaesthetic, including sickness and nausea. There is a risk of deep vein thrombosis and we advise a daily injection to help prevent this risk in accordance with British Foot and Ankle Society Guidelines.



Specific Risks and Complications

The most important potential problem is infection and this affects less than 1 in 100 patients. This complication would require further surgery ranging from removal of screws to redoing the surgery.

5-10 in 100 fusions do not heal properly and may require a further operation.

1 in 10 subtalar fusions do not heal in exactly the position intended but this generally does not cause any problem.

1 in 10 patients will require their screws removed at some stage and this can be done as a day case.

A small number of patients can have tenderness around the scars that may last for some months or small patches of numbness, rarely this may persist.



Reducing Risks and Chance of Complications

We strongly advise all our patients to try and lead a healthy lifestyle, to eat a well balanced diet and take regular sensible exercise. Smoking can increase the rate of problems with foot and ankle surgery by up to 16 times and we advise all our patients to try and stop smoking. Your family doctor may be able to help and advise you in these matters.



What do I do if I run into problems?

If you encounter any problems then we are here to help. We would like you to contact our respective secretary to make an earlier clinic appointment so that we will be able to reassure you or to intervene early.

In emergency please visit your GP or attend the Casualty Department.

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