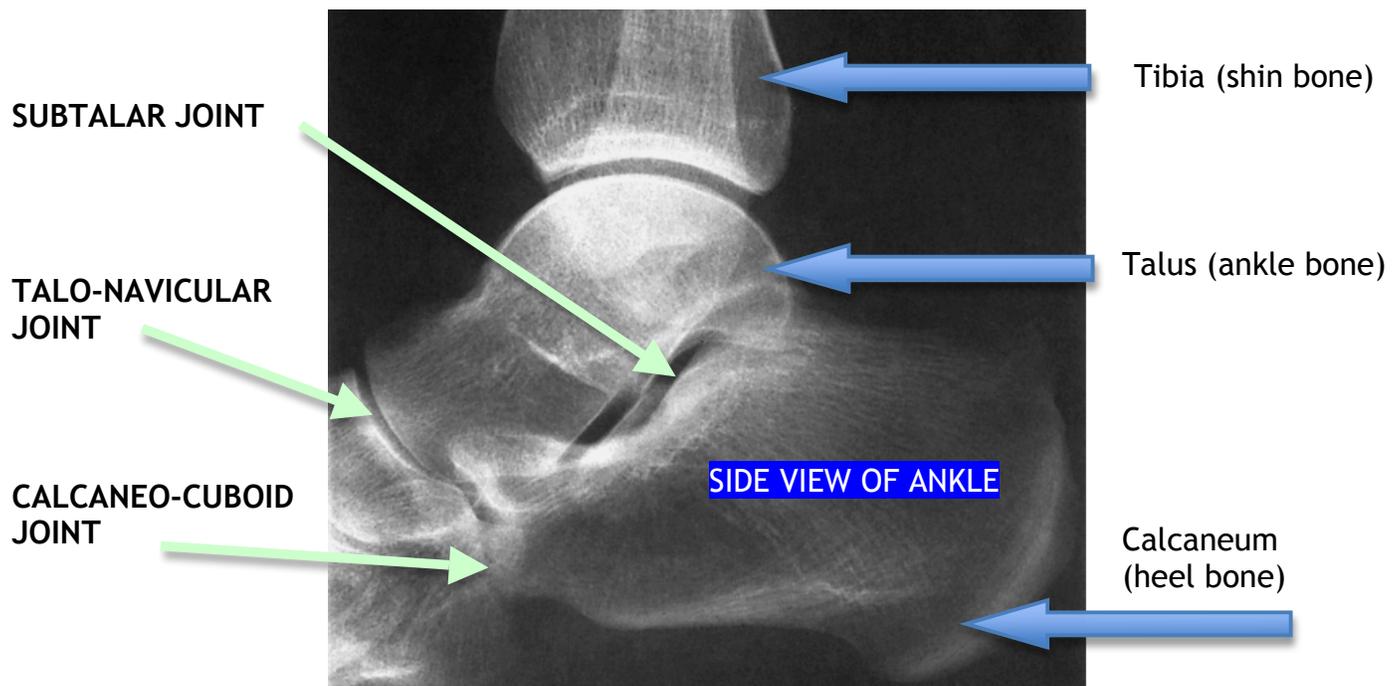




Triple Fusion

Cornwall Foot and Ankle



Patient Information on Triple Fusion (Arthrodesis)

What is a triple fusion?

A Triple Fusion is an operation in which the three main joints near the ankle joint, known as the subtalar joint, the talo-navicular joint and the calcaneo-cuboid have their joint surfaces removed to abolish their movements which may be causing pain or deformity. This is generally performed as an open procedure rather than by keyhole.

Why do I need a triple fusion?

Triple fusions are performed for patients who have significantly painful arthritis within the joints mentioned above. This may be a condition which has arisen on its own, be secondary to an injury which may have occurred previously or be related to conditions such as adult acquired flat foot or rheumatoid arthritis. Surgery is also performed for patients with worsening deformity of this part of the foot related to different types of arthritis or conditions affecting the nerves or tendons in the foot. Surgery is recommended for those patients with pain or deformity affecting their quality of life, working life or hobbies.

What if I have nothing done, what will happen?

Arthritis generally follows a pattern similar to arthritis in the other joints such as the hip and knee. This means that generally over time pain will get more severe and the triple joints will become stiffer. Injections can be performed but they will generally become less effective over time. For those patients with deformity, deformity may worsen over time leading to increasing pain, worsening mobility and

sometimes ulceration of the skin which may affect the viability of the leg or may threaten health.

How is the surgery done?

Two cuts are made on the foot- one on the outside and one on the inner side- each cut is about 6cm long. The joint surfaces are removed from the joints and sometimes reshaped to correct foot deformity. The joints are then held in the correct position and fixed with a combination of screws or screws and staples. In some circumstances when deformity is severe, it may be necessary to place some extra bone into the fusion site to encourage it to heal and fill any gaps. Sometimes this extra bone is taken from the pelvis or tibia (shin bone). Rarely, the Achilles tendon or other tendons may need to be released.



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 which makes their leg almost completely numb and pain-free. The day after surgery, when you are able to the physiotherapist will get you out of bed and start mobilizing. 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.

What happens when I leave hospital?

After leaving hospital you will have a temporary plaster and will need to rest and strictly elevate the foot at home for the first 2 weeks. While you are at home we would like you to have a daily injection to help prevent the risk of deep vein thrombosis (clots) in the legs.

When will I be seen in clinic?

We normally review our patients 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. We like to see patients 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 at least 3 months off work and sometimes 6 months. Patients that have predominantly seated work may be able to return after 6 weeks

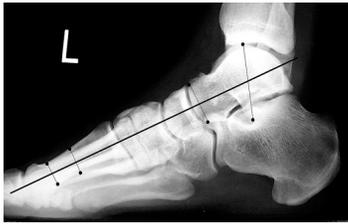
When can I drive?

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 be play vigorous sports.

Risks and Complications of Triple 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 the guidelines produced by the British Foot and Ankle Society.

Specific Risks and Complications



Swelling can be a problem after this surgery and it may last for several months. Swelling is a normal response to major surgery and when not mobilizing one should elevate the foot, apply ice and maybe wear elasticated stockings. If the swelling is worrying you should contact the secretary.

If Bone graft is taken from the pelvis, this may be quite painful for several weeks and the scar may be a little numb.

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 triple fusions do not heal properly and may require a further operation.

5 to 10 in 100 triple 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.

Occasionally one of the wounds may require longer to heal and need regular dressing changes.

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.

Cornwall Foot and Ankle

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