

# Midfoot Joint Fusions

## INTRODUCTION

Like all joints, the small joints in the midfoot can be affected by arthritis. With the passage of time the arthritis causes increasing pain, swelling and loss of function. Fusing the most affected joint or joints is a reliable way to decrease the pain and improve the function of the foot. Fusing a joint means connecting the two bones on either side of the joint together. After midfoot fusions, most patients can walk comfortably without a limp and have considerably less pain.

## THE SURGERY

Midfoot joint fusion surgery involves a number of steps:

- General anaesthetic and IV antibiotics
- Tourniquet around the thigh
- Incision/s on the top of the foot
- Removal of any remaining cartilage
- Bone graft harvest (calcaneum or distal tibia)
- Insertion of bone graft to stimulate fusion
- Internal fixation with plates/screws/staples
- Closure of incisions with sutures
- Local anaesthetic block
- Plaster cast or surgical camboot (VACOCast)

## GUIDELINES FOR POST-OP RECOVERY

### HOSPITAL ADMISSION

- In hospital for 1 night, IV antibiotics

### FIRST 2 WEEKS

- Elevate foot and rest
- Strictly **NON-WEIGHTBEARING** in plaster cast
- Mobilise with knee scooter/crutches/frame
- Boot and dressings to stay dry and intact
- Strong painkillers as required
- Aspirin 100mg, Vitamin D 5000 units and Vitamin C 1g per day
- Antibiotics for 5 days
- Wiggle toes to encourage circulation

### 2 WEEK POST-OP APPOINTMENT

- Review by nurse & removal of dressings and sutures

### WEEKS 3-6

- Strictly **NON-WEIGHTBEARING** in boot
- Surgical boot on at **ALL** times, including in bed, except for rehab exercises & showers (seated with shower chair)
- Mobilise with knee scooter/crutches/frame
- Elevate foot when resting
- Daily scar massage from 3 weeks post-op
- Continue Aspirin, Vitamin D and Vitamin C
- Podiatry/physiotherapy review (arrange first appointment 2-5 days after 2-week post-op check)
- **REHAB - PODIATRY/PHYSIOTHERAPY:**
  - Joint mobilisation, soft tissue manipulation, nerve desensitisation
  - Gentle active ankle plantarflexion/dorsiflexion and toe flexion/extension - **NO** midfoot stresses
  - General upper body, core, hip and knee exercises

### 6 WEEK POST-OP APPOINTMENT

- X-ray and review by Dr Zilko

### WEEKS 7-12

- Surgical boot on at all times during the day except for rehab exercises & showers (with shower chair)
- Can sleep out of boot at night
- Elevate foot when resting
- Aspirin 100mg and Vitamin D 5000 units per day
- **PODIATRY/PHYSIOTHERAPY:**
  - Commence partial weightbearing in surgical boot with crutches/frame, and progress up to full weightbearing as tolerated
  - Passive & active ROM ankle, subtalar, forefoot joints

### 12 WEEK POST-OP APPOINTMENT

- X-ray and review by Dr Zilko

### FROM 12 WEEKS

- **PODIATRY/PHYSIOTHERAPY:**
  - Transition out of boot into normal supportive shoes
  - Gait re-training, continue strength and conditioning
- **ORTHOTICS:** New custom orthotics with medial arch support in shoes to provide support to the midfoot

### 6 MONTH POST-OP APPOINTMENT

- CT scan to confirm fusion and review by Dr Zilko

Full recovery is usually 6-12 months.

*Every patient's recovery is individual and depends on the severity of the injury/disease & complexity of surgery.*