

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
- 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 physio/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
- Physiotherapy review (arrange first appointment for 2-5 days after the 2-week post-op check)
- **PHYSIOTHERAPY:**
 - General upper body, core, hip and knee exercises
 - Gentle active ankle plantarflexion/dorsiflexion and toe flexion/extension
 - NO midfoot stresses

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 physio/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
- **PHYSIOTHERAPY:**
 - Commence partial weightbearing in surgical boot with crutches/frame, and progress up to full weightbearing as tolerated
 - Passive and active ROM of ankle, subtalar and forefoot joints

12 WEEK POST-OP APPOINTMENT

- X-ray and review by Dr Zilko

FROM 12 WEEKS

- **PHYSIOTHERAPY:**
 - Transition out of boot into normal supportive shoes
 - Gait re-training
 - Continue lower limb strength and conditioning

Full recovery is usually 6-12 months.

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