

Subtalar Joint Fusion

INTRODUCTION

The subtalar joint is located between the heel bone (calcaneum) and the bone under the ankle (talus). It is responsible for approximately 80% of the side-to-side movement of the hindfoot. At times it can become arthritic, resulting in pain, swelling and loss of function. Fusing the subtalar joint involves joining the talus and calcaneum together, and is an effective way of decreasing pain and improving the function of the foot. After a subtalar fusion most patients are able to walk without a limp and have considerably less pain.

THE SURGERY

Subtalar joint fusion surgery involves a number of steps:

- General anaesthetic, nerve block and IV antibiotics
- Tourniquet around the thigh
- Incision over the outside of the hindfoot
- Removal of any remaining cartilage
- Bone graft harvest (proximal or distal tibia)
- Insertion of bone graft into the subtalar joint to stimulate fusion
- Internal fixation with two screws
- Check x-rays
- Closure of incisions with sutures
- 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 surgical boot
- 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
- 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 inversion/eversion
 - Soft tissue massage and scar mobilisation

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
- Continue Aspirin, Vitamin D and Vitamin C
- **PHYSIOTHERAPY:**
 - Commence partial weightbearing in surgical boot with crutches/frame, and progress up to full weightbearing as tolerated
 - Passive and active ROM of ankle, midfoot 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.

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