

MIDFOOT FUSIONS

A midfoot fusion is performed to fuse one or more of the small joints in the middle of the foot when midfoot arthritis or a severe deformity of the foot is present.

Arthritis of these joints has emerged as a challenging problem because of its high potential for chronic foot pain and functional disability. Midfoot arthritis may be caused after a traumatic joint injury, a generalised condition such as osteoarthritis or rheumatoid arthritis, or just because the joint is wearing out for other reasons.

Occasionally a deformity of the foot such as a flat foot with the can lead to wearing out and collapsing of the foot and may lead to midfoot arthritis. Patients presenting with midfoot arthritis often complain of pain, severe restriction when walking and performing activities of daily living.

NON-OPERATIVE MANAGEMENT

Prior to surgery your doctor would have recommended alternative treatment options for you. These non-surgical options include oral analgesics and non-steroidal anti-inflammatory drugs, orthotics (insoles) and modified footwear, steroid injections into the joint, and reducing or modifying activities which bring on the symptoms. Your surgeon will discuss operative management with you if these options have failed.

OPERATIVE MANAGEMENT

The procedure includes your surgeon making one or more cuts on the upper or inner surface of the foot. More incisions may be necessary if more than one joints require this procedure. Each joint is opened; the joint surfaces are removed and, if necessary, reshaped to correct a deformity. The bones making up the joint are then placed in their new positions and fixed together with screws, plates or staples. It is usually necessary to add some extra bone into a midfoot fusion to encourage healing and fill any gaps that are a result of the corrections performed. This bone is usually taken from the bone that was excised in order to prepare the fusion. In some circumstances the bone must be taken from your heel bone (calcaneus) or tibia (shin), as the bone excised for the fusion may not be adequate.

Patients requiring a midfoot fusion as a result of a foot deformity may also require operations on deformed toes. This may be done at the same time as a midfoot fusion or at a later operation date.



POST-OPERATIVE MANAGEMENT

A below knee backslab plaster will be applied by the surgeon at the end of your operation. You will need to elevate the foot for two weeks to minimise swelling and to promote wound healing. You should avoid weight bearing through your foot until your first post-operative appointment with the surgeon at 2 weeks. Thereafter, either a full plaster or “Moon Boot” cam-walker will be applied. Your surgeon will then be able to advise you when you may start applying weight onto your foot. Usually this is after six weeks once the bone has united.

As with all foot surgery, swelling occurs and this is the main limitation to activity and footwear in the early stages. Swelling often increases over a 6-week period and then reduces over a further 6 weeks. As such your final result will begin 3 months after surgery. As the mechanics in your foot have been substantially changed, your body will go on making subtle adjustments over a 12-month period.

Foot surgery without appropriate pain relief is extremely uncomfortable. While the operation is done under general anaesthetic, a local anaesthetic nerve block is usually performed which provides analgesia for 6-8 hours after the operation. You should wake up from surgery with minimal pain. When the block wears off you can take simple oral pain relief. It is important to start taking your oral pain relief prior to the block wearing off as once the pain becomes intense, it can become difficult to manage.

COMPLICATIONS

No surgery is risk free. The risks and complications will be assessed and discussed with you. There is always a small risk of infection, blood clots and anaesthetic problems with lower limb surgery and measures are taken to reduce these. Swelling of the foot is one of the main post-operative complaints. Unfortunately swelling may take many months to completely disappear and some people’s feet may always remain slightly swollen. Exercise trainers may be the only shoes you find comfortable for several months. It is essential for you to elevate your foot as much as possible post-operatively, especially when you are sitting or lying down. Please remember that swelling is the body’s natural response to injury/surgery. Roughly 10-15 in 100 fusions do not heal properly and need a further operation for the bones to fuse. Occasionally the screws or pins used in the surgery become loose causing pain or rubbing against your shoe, a simple operation to remove these can be performed if required.

RECOVERY TIMES

Hospital stay	1 night
Rest & elevation	14 days
Crutches/Frame	6 weeks
Time off work	
- Seated	3 - 4 weeks
- Standing	6 - 8 weeks
- Lifting/Carrying	8 - 12 weeks
Foot swelling	12 weeks
Shoes	
- Backslab/Cam walker	6-12 weeks
- Wide	12-16 weeks
- Normal	16 weeks
- “Fashionable”	Up to 6-12 months
Result times (pain relief & function)	
- Good	3 months
- Better	6 months
- Best	12 months

This brochure is a brief overview of the surgical management of midfoot fusions and not designed to be all-inclusive. If you have any further questions, please do not hesitate to contact your surgeon.