SYDNEY ORTHOPAEDIC SPECIALISTS

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Adult and Paediatric Orthopaedic Surgeon
Specialising in the Foot and Ankle

Midfoot Arthrodesis

INTRODUCTION

The group of small joints between the ankle and the toes is known as the "midfoot". Like all joints, the midfoot can be affected by arthritis, manifesting as pain, swelling, and loss of function. When non-operative strategies no longer provide adequate symptom control, fusing (arthrodesis) the most affected joint(s) is a reliable way to decrease pain and improve the function of the foot. Fusing a joint means connecting the two bones on either side of the joint. The most commonly fused joints are the 1st, 2nd, and 3rd tarsometatarsal joints, and the naviculocuneiform joint. After midfoot arthrodesis, patients are generally much more comfortable and have an improved quality of life.

THE PROCEDURE

There are a number of steps to Midfoot Arthrodesis:
1. General Anaesthetic
2. Administration of intravenous antibiotics
3. Ankle block with local anaesthetic for post-op pain relief
4. Bone graft harvested from the heel bone via a small 1cm incision
5. 2 incisions made at the top of the foot over the arthritic joints
6. Remaining diseased cartilage removed from the arthritic joints
7. Bone graft and growth factor inserted to stimulate fusion
8. Fixation of Joints with titanium plates and screws
9. Check Xray using intra-op Xray machine
10. Wound Closure with sutures
11. Plaster Backslab

RISKS & COMPLICATIONS

Every surgical procedure carries some risk. These risks are largely uncommon and many are rare.
They include:
Anaesthetic complications
Drug reactions
Wound infection
Deep Vein Thrombosis (DVT)/Pulmonary embolism (PE)
Sensory nerve injury

Chronic Regional Pain Syndrome
Failure of Bone Fusion (Non-union)
Failure of the procedure to relieve some or all of the presenting symptoms

POST OPERATIVE PROTOCOL

3 nights in hospital for observation, training with hospital physiotherapist to use crutches/knee scooter
Backslab plaster and its dressings kept dry and intact until first post-op appointment
Keep foot elevated as much as possible, for the first 2 weeks
Bloodthinner (Xarelto) taken for first 6 weeks whilst non-weightbearing
Pain killers required for up to 2 weeks
First post-op appointment roughly 2 weeks post surgery for wound check and conversion to full cast
Weightbearing – nonweightbearing for first 6 – 10 weeks,
Weightbearing in moonboot from weeks 6 – 16
Return to most activities by 6 months
Full recovery up to 12 months

PROBLEMS AND CONCERNS

If you have any queries or concerns, contact Dr. Ling's rooms on 9650 4782 between business hours. After hours or on weekends, if your matter is urgent, please present to the Emergency Department at Prince of Wales Hospital if you are an adult, or Sydney Children's Hospital if the patient is your child, and you will be seen by the Orthopaedic Registrar on call, who will contact Dr Ling directly