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Adult and Paediatric Orthopaedic Surgeon
Specialising in the Foot and Ankle

Triple Arthrodesis

INTRODUCTION

Triple arthrodesis (fusion) involves fusing 3 joints, hence the use of the term "triple". The 3 joints are the "subtalar joint", the "calcaneocuboid joint", and the "talonavicular joint". The indications for this operation include correction of a fixed cavovarus deformity (See Information Sheet on Cavovarus Foot Reconstruction) or a fixed flatfoot deformity (See Information Sheet on Flatfoot Correction), or end-stage arthritis. After a triple arthrodesis, most patients are much more comfortable and have an improved quality of life.

THE PROCEDURE

There are a number of steps to this procedure:

1. General Anaesthetic
2. Administration of intravenous antibiotics
3. Nerve block at knee for post-operative pain relief
4. Bone graft taken from small 1cm incision at side of heel
5. Incisions made over subtalar joint/calcaneocuboid joint/talonavicular joint and diseased cartilage removed
6. Bone graft and growth hormone inserted into joints to stimulate fusion
7. Above joints held in appropriate position and stabilized with screws and staples
8. Intra-operative check xray
9. Wound Closure with sutures
10. 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

Ongoing Pain

Failure of fusion (non-union)

POST OPERATIVE PROTOCOL

2 - 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 weeks,

Weightbearing in moonboot from 6 – 12 weeks

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