

SUBTALAR FUSION

What is the problem?

The subtalar joint is located between the heel bone (calcaneus) and the bone of the under surface of the ankle bone (talus). It is responsible for approximately 80% of the side-to-side movement of the hindfoot. At times it becomes arthritic resulting in pain, swelling and loss of function. Fusing the subtalar joint is an effective way of decreasing pain and improving the function of the foot. Fusion of a joint means connecting the two bones on either side of the joint together. After a subtalar fusion most patients can walk comfortably, without a limp, and have considerably less pain.

What's involved?

There are a number of steps to subtalar fusion surgery. These include:

- general anaesthetic +/- nerve block, intravenous antibiotics
- incision(s) on the outside of the foot
- removal of remaining cartilage from subtalar joint
- insertion of bone graft and other cells to stimulate fusion
- fixation with screws
- check x-rays
- closure of wound with stitches
- back slab

What's the worst thing(s) that can happen with surgery?

All surgical procedures carry some risk. The risk of complications with subtalar fusion surgery is low. Some of the risks of surgery include:

- Infection
- Problems with wound healing
- Nerve injury causing numbness, tingling and/or pins and needles
- Non-union (when the bones don't joint together)
- Mal-union (the bones fuse in the wrong position)
- Adjacent joint disease and pain
- Deep venous thrombosis/pulmonary embolism. (The risk of DVT increases with smoking, the oral contraceptive pill and hormone replacement therapy, immobility and obesity)
- Anaesthetic complications
- Drug allergy
- Ongoing pain

What can I expect after surgery?

Rest

- You will have a cast on your leg. Keep foot elevated as much as possible, especially for initial 72 hours. Keep dressings dry and intact until post operative appointment.

- Mobilise short distances as pain allows, aim to remain in your own home for the first few weeks limiting long periods of standing or mobilising
- Do not bear weight for the first six weeks

Pain

- Pain relief may be required for up to 2 weeks; depending on your other medications this may include:
 - Regular paracetamol, anti-inflammatory drugs and break through opiate type medications
 - A regular blood thinning medication will also be prescribed for 2 weeks

Driving

- Any surgery performed on the right foot or both feet will mean no driving for a minimum of 6 weeks
- If surgery was performed on the left foot then driving in an automatic is possible, but Dr Phegan would recommend waiting a minimum of two weeks before attempting to drive

Driving any vehicle with a cast or boot is potentially hazardous and you should consider this before getting behind the wheel

Follow up

- Keep all dressings dry and in tact for the first two weeks
- Removal of stitches/sutures typically occurs at an appointment with Dr Phegan and his in-house therapists at 10-14 days at first post operative appointment. Very occasionally some sutures need to stay in for longer
- Your appointment will be booked by Dr Phegan and a confirmatory SMS will be sent informing you of the time and date for follow up

Typical milestones

- 2 weeks: Wound review and removal of sutures, change from cast to boot, commence rehabilitation
- 2-6 weeks: regular physiotherapy to increase range of motion
- 6weeks to 3 months: work on swelling reduction, scar massage and mobility. Progress weight bearing
- Full recovery 6-12 months

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

ANY PROBLEMS

During office hours contact Dr Phegan's office on (07) 56711120 or email info@drphegan.com

After hours please contact the hospital where your surgery was performed or attend your local GP