

TARSOMETATARSAL JOINT ARTHRODESIS (MID FOOT FUSION)

What is the problem?

Like all joints, the joints in the midfoot can be affected by arthritis. With the passage of time the arthritis causes increasing pain, swelling and loss of function with arch collapse and deformity. Fusing the most affected joint or joints is a reliable way to decrease the pain and improve the function of the foot. Fusing a joint means connecting the two bones on either side of the joint together. After TMT joint arthrodesis, most patients can walk comfortably and have considerably less pain.

What's involved?

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

- general anaesthetic, intravenous antibiotics
- incision(s) on top of the foot and inside of the foot.
- removal of remaining cartilage
- insertion of bone graft (often taken from the heel bone) and other cells to stimulate fusion
- fixation with staples and/or screws and/or plates
- check x-rays
- closure of wound with stitches
- plaster back slab

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

All surgical procedures carry some risk. The risk of complications with TMT joint fusion surgery is low. Some of the risks with 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 (where the bones unite in an unacceptable position)
- 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 be in a cast. 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
- **Do not** put weight through the foot until the 6 week review

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
 - Aspirin or another anticoagulant will be prescribed to limit the risk of DVT

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.

casts and boots can be cumbersome and driving with these can be a hazard best avoided

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's 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 cast will be removed and changed to a boot which will allow period where active therapy can commence under the guidance of our therapy team

Typical milestones

- 2 weeks: Wound review and removal of sutures, change to boot
- 6 weeks: Check X-ray and wean from boot as pain allows
- 6weeks to 3 months: work on swelling reduction, scar massage and mobility
- 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