

# TRIPLE ARTHRODESIS

## What is the problem?

Triple arthrodesis/fusion is a reliable and effective method of treating arthritis of the joints of the hindfoot and correcting deformity. In a triple arthrodesis three joints (subtalar, talo-navicular and calcaneo-cuboid) are fused together. After a triple arthrodesis most patients have considerably less pain and improved foot function.

## What's involved?

There are a number of steps to triple arthrodesis surgery. These include:

- nerve block, general anaesthetic, antibiotics
- incisions over inside and outside of the foot
- removal of remaining cartilage from the subtalar, talo-navicular, and calcaneo-cuboid joints
- insertion of bone graft (often from the heel bone) and other cells to stimulate fusion.
- fixation with screws and staples
- 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 triple arthrodesis 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 (when the bones fuse in the wrong 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 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 6 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](mailto:info@drphegan.com)

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