



Patient Information Leaflet

Ankle or Hindfoot Fusion surgery

What is ankle/ hindfoot arthritis and what are the options?

Osteoarthritis occurs when the cartilage lining a joint wears down causing severe pain. The treatment options in ankle joint or other hindfoot joints include Painkillers / steroid injections / Braces / fusion surgery (Ankle replacement may be an option in ankle arthritis depending on degree of arthritis, your age and activity level).

Pain in the hindfoot (below the ankle joint) is sometimes due to osteoarthritis in the Sub-talar, Talo-navicular and Calcaneo-cuboid joints. The commonest causes of arthritis in these joints are altered foot biomechanics, previous injury, Rheumatoid arthritis or neuroarthropathy. One, two or all of the triple joints may be affected.

What are the symptoms?

Most people with hindfoot arthritis complain of one or more of the following:

- Pain in the back of the foot and the ankle or sides
- Swelling
- Difficulty with footwear.
- Deformity of the foot and ankle

What treatments are available?

Initial management of arthritis footwear modifications or insoles. Steroid injections may control symptoms to an extent. If these measures fail or if the pain is severe then surgery may be necessary.

What does the operation involve?

The operation is carried out under general anaesthesia. Depending on the joints operated upon, incisions are made on the foot, remaining cartilage from the affected joints are removed, and then compressed together with metal screws, staples, plates or nail. For ankle joint keyhole technique may be used if appropriate.

Is it painful?

Whilst you are in hospital the medical staff will give you pain killers as required and prescribed. When you are at home you may find Paracetamol or Ibuprofen (if tolerated) useful for controlling any pain. Instructions on management of pain will be given by the nursing staff before you leave the hospital.

How long does recovery take? / What happens after surgery?

Most patients remain in hospital for about 1-2 days after the operation. You will have a temporary cast below the knee, and will be required to non-weight bear with crutches initially. Your temporary cast and wound dressings will be changed and stitches removed (if applicable) during your follow-up appointment at 2 weeks.

Swelling is quite common after foot and ankle surgery and this is best managed by elevating the foot at regular intervals. At 2 weeks, you will be placed in a definitive below-knee cast, but will not be allowed to weight-bear at that stage (except in case of nails). After 6 weeks, you will usually be allowed “protected weight-bearing” in a removable walker-boot depending on progress. Unprotected weight bearing is usually allowed after 12 weeks only.

Patients having had the left foot operated on will be able to drive an automatic car within 2-3 weeks (short distances only to avoid swelling). Those who have had an operation on the right side will be able to drive only after about 12 weeks. You are advised not to fly after surgery for at least six weeks.

If you have a desk job and are able to get to work, you should be able to return to work with your foot up in the boot or plaster after 2-4 weeks. Otherwise you will need at least 12 weeks off work.

Golf, walking and even running short distances are all possible after a successful fusion surgery but takes time.

What can go wrong?

All operations have an in-built risk and complication rate. The risks for ankle or hindfoot fusion are as follows:

- Infection
- Prolonged swelling & stiffness
- Nerve or blood vessel injury
- Deep vein thrombosis (blood clot in leg vein)
- Delayed union or Non-union (failure to fuse)
- Malunion (fuses in an imperfect foot position)
- Ongoing pain
- Risk of Arthritis in nearby joints

The above complications are rare but can occur.