MIDFOOT ARTHRODESIS

Type of Surgery: Outpatient or 1 night hospital stay
Length of Surgery: 2-2.5 hours
Anesthesia: General anesthesia with nerve block

GENERAL FACTS

The tarsometatarsal joints are the joints that join the front of the foot with the middle of the foot. These joints can be injured in sports as well as trauma accidents and are often referred to as a Lisfranc injury. These joints help to maintain the shape and support of the foot important for walking and running.

Arthrodesis is the fusion of a joint/s by causing the bones to heal together as one bone. This is commonly performed to help improve pain and function and may also be done to help arthritis. Although some joints have significant motion, these joints do not; therefore, you do not lose much motion of the foot in this type of fusion.

SURGICAL TREATMENT

- An incision is generally made on the top of the foot. Smaller, additional incisions may be used as needed.
- The remaining cartilage on the bones being fused is removed
- Large screws or a combination of screws and plates are placed across the joints to hold the bones together. These are usually placed through 2 or 3 small incisions
- It may be necessary to take bone from another area of your body to use as graft. This can come from your calcaneus (heel bone), Tibia (lower leg bone) or pelvis (hip bone). It may be possible to use graft that is made from donor bone, which decreases the need for another incision.

RISKS OF SURGERY

- All surgery has risks
- Bleeding
- Infection
- Nonunion (bone does not heal)
- Malunion (bone heals in an incorrect position)
- Nerve injury: the superficial and deep peroneal nerves are in the area of the incision. These nerves can be injured as they are moved during surgery. This can cause numbness/tingling along the top of the foot, inside of the forefoot, and between the great and second toe that can be permanent although it typically resolves within a few months after surgery
- Disease transmission from donor bone
- Vessel Injury: Rarely a blood vessel can be injured
• Continued pain/swelling
• Painful hardware requiring removal.
• Need for additional surgery

POSTOPERATIVE RECOVERY
• You will not be putting any weight on your foot for a minimum of 8 weeks (2 months) and possibly 12 weeks.
• You will need to use crutches or a roll-a-bout
• You will typically be in a cast for 8 weeks and then a boot for another 4 weeks.
• You will not be able to drive if it is your right leg for at minimum of 12 weeks
• It typically takes 3 months for the bones to heal
• You may workout your upper body as long as you do not place weight on your foot
• You may begin stationary cycle at 6 weeks in the cast with no resistance
• You can expect your foot to be sore for 4-6 months and swelling can be present upwards of a year.
• You may need physical therapy after you are allowed to start putting weight on your foot.

POSTOPERATIVE INSTRUCTIONS
• Day 1
  o Foot and ankle will be placed in a bulky cast-like dressing
  o You will either go home or spend one night in the hospital
  o If you received a pain block from anesthesia, expect numbness for at least 24 hours, possibly more depending on the type of block you received.
  o DO NOT remove the dressing
  o DO NOT put any weight on the foot
  o Keep the foot elevated above the level of the heart for the first 72 hours and as much as possible after that point.
  o Drop the leg down for 1 minute every hour while awake then return to elevated position to promote circulation.
  o Start taking pain medication before you feel any pain.
  o Take antinausea medication as directed if needed
• 2 weeks
  o First post operative visit
  o Splint will be removed
  o Xrays will be taken
  o Stitches will be removed if the wound is doing well
  o You will be placed in a non weight bearing below the knee cast or boot
• 5-6 weeks
  o Second post operative visit
• Cast change
• No xrays this visit
• Still no weight bearing

• 8 weeks (2 mos)
  o Cast removed if casted
  o Xrays taken
  o Placed into a walking boot if not already in one
  o May start weight bearing in the boot if xrays ok
  o May start physical therapy for motion and early strength

• 12 weeks
  o May start weaning out of the boot
  o It is possible you will need an insert made for your shoe at this point
  o Expect the foot and ankle to feel different for many months. This will improve over the course of a year