SUBTALAR 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 subtalar joint is one of the 2 joints in the back of the foot (hindfoot). It is responsible for the side to side motion of the foot while the ankle joint is responsible for the up and down motion of the foot.

Arthrodesis is the fusion of a joint but causing 2 bones to heal together. This is commonly performed to help improve pain and function due to arthritis, as well as due to deformity. When the subtalar joint is fused, the side to side motion of the foot is lost; however, there typically is not much side to side motion left if you are requiring an arthrodesis. The loss of subtalar motion is most notable on uneven surfaces/ground.

SURGICAL TREATMENT

- An incision is generally made along the outside of your foot/ankle
- The remaining cartilage on the bones being fused is removed
- Large screws are placed across the joint 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 sural nerve is in the area of the incision. This nerve can be injured as it is moved during the surgery. This can cause numbness/tingling 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
• 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.
- Take antinausea medication as directed if needed

**2 weeks**
- First post operative visit
- Splint will be removed
- Xrays will be taken
- Stitches will be removed if the wound is doing well
- You will be placed in a non weight bearing below the knee cast or boot

**5-6 weeks**
- Second post operative visit
- Cast change if casted
- No xrays this visit
- Still no weight bearing

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

**12 weeks**
- May start weaning out of the boot
- It is possible you will need an insert made for your shoe at this point
- Expect the foot and ankle to feel different as it is likely in a new position than it was before surgery.