

Midfoot Arthritis and Fusion

A midfoot fusion is done to treat damaged arthritic joints of the foot. These joints become stiff and very painful with walking and standing. The goal of surgery to decrease foot pain. Surgery involves 2-3 incisions over the foot, removing the damaged painful joint surfaces, and “fusing” the bones together. The bones are held with screws, plates, and staples. Often bone graft from the heel is used to help with the fusion. Bone then grows across previously arthritic joints causing bones grow together, aka “fuse” together. This removes the joint and eliminates pain. Since these joints were already stiff, there is very little change in motion. Surgery does not improve motion.

Risk of Surgery

1. Swelling: Swelling will occur. Elevation, especially in the first 2 weeks, can decrease swelling. Swelling can be painful. Swelling is expected up to 9 – 12 months after surgery
2. Infection: Antibiotics are given in the operating room to reduce the risk and the wounds are left covered until they heal.
3. Non Union: This is when the bones fail to fuse together. This can be due to nutritional problems, poor blood flow, standing or walking too soon, infection, or other issues. **Non union occurs in up to 2 - 10% of patients.** Smoking/tobacco increases this risk 16 times. If a non union occurs it is painful and usually requires another surgery.
4. Nerve Damage: There are 3 main nerves with many branches that cross the foot. They are moved during surgery. This leads to numbness on the top of the foot and into the toes. This can be temporary or permanent numbness.

After Surgery

Day 0-14	Keep Non Weight Bearing. Do not stand or walk on the operative side. Keep splint dry and do not remove
Day 14-21	1 st Visit – remove stitches. Transition into a cast at this time.
Week 3 - Week 6	Non Weight Bearing. Use crutches/scooter as needed
Week 6 – Week 8	2 nd Visit – Place in boot but no walking or standing.
Week 8	Begin heel weight bearing only while in boot.
Week 10 –Week 12	Begin to bear more weight on foot in boot
Week 12	3 rd Visit. Begin to walk more in boot and slowly work towards good tennis shoes with carbon fiber inserts. Begin PT
Week 12 – 6 month	<u>Slow</u> transition to activity as tolerated in normal shoe with carbon fiber plate. Every week increasing the amount of time walking per day. Continue PT
6 month	Increase Activity as tolerated. Wear insert if needed

Common Answers to Common Questions

- Keep Surgical Dressing and splint on until your first follow up appointment.
- **MUST NOT PUT ANY WEIGHT ON YOUR FOOT. NOT EVEN STANDING** until it is time. Standing or walking too early increases the risk of complications and future surgeries.
- You must use a knee scooter or crutches
- Do not take any medication with Tylenol (acetaminophen). The medication we provide contains Tylenol. Too much Tylenol can damage your liver.
- Avoid Stairs if possible. This may mean changing sleeping arrangements until you can walk.
- At 12 weeks you begin to work out of the boot into shoes. It will be a slow process that will take several weeks. During this time you will still need your scooter. You will be very weak and your endurance will be poor. It will take up to 6 months before you feel comfortable spending the whole day in normal tennis shoes. It will take 1 year before maximum recovery is expected.
- Recommended Equipment
 1. Knee Scooter
 2. 2 Walkers (1 left in bathroom, 1 for other rooms)
 3. Cast Bag for Bathing
 4. Shower stool

Splint/Cast Instructions

After surgery a splint and cast are used to immobilize the ankle. Do not attempt to walk or move the ankle while the splint or cast. You can wiggle your toes. Also do not get your splint wet. You should keep it dry at all times. Please do not put anything into to the splint or cast to scratch the skin. This can cut the skin and lead to infections.