

Foot Conditions - Triple Arthrodesis.

A triple arthrodesis is the fusion (arthrodesis) of the three main joints in the hindfoot – not including the ankle. These are the joints that are involved in allowing most of the side to side movement in the foot – the subtalar joint, the talo-navicular joint and the calcaneo-cuboid joint.

The reason for carrying out a triple arthrodesis is generally either to correct a deformity in the hindfoot or to relieve pain from the joints. It is commonly carried out in patients with rheumatoid arthritis or with a painful flat foot deformity.

The surgery is generally carried out through two incisions – one on the outside just below the ankle and one on the inside. Through these incisions the remaining cartilage is removed and the position of the hindfoot corrected. The joints are then stabilised using screws, wires or staples.

In the operating theatre a plaster cast is applied and this is generally left intact when you leave the hospital. It will be a half-cast to allow for swelling and therefore is not as strong as a full cast. You should not weight-bear in this cast and most surgeons will not allow you to weight-bear for at least six weeks. This means that you will have to use crutches for at least six weeks.

Two weeks after the surgery you will be seen in clinic. The temporary cast is removed and the wound checked. Sutures are usually removed at this stage and a new cast will be applied.

At the six week stage you will again be reviewed and an X-Rays taken. If all is well you will be allowed to weightbear, in either a cast or a moonboot (like a ski-boot).

Most people will stay in this moonboot or cast for a further six weeks or until the bone has completely healed.

If all goes well full recovery will still take up to ten months. People generally are able to get back to walking, cycling and swimming.

KEY POINTS

- Non weightbearing on crutches six weeks
- Further six weeks in cast or moonboot
- Ten months for full recovery

Possible Complications

As with any operation complications can occur. Although the incidence of each is low you should be aware of these before you agree to proceed with surgery

- Non-union. The literature reports a non-union rate of up to 10-15%. If only one of the three joints do not heal then further surgery is not usually required
- Infection. The foot is slower to heal than elsewhere in the body and therefore there is a higher rate of healing problems. This is particularly a problem in patients who are immunosuppressed or are diabetic.
- Degenerative joint disease. The fusion can put extra stresses on the joints above and below the fusion. These can potentially become arthritic in the long-term.
- Stiffness. As the joints are fused the foot will be stiffer. This is particularly noticeable when walking on uneven ground.