North Cheshire and Mersey
NHS Foundation Trust

# Midfoot fusion (Tarsometatarsal, naviculocuneiform or talonavicular joints)

## Trauma and Orthopaedics

Information for patients and carers

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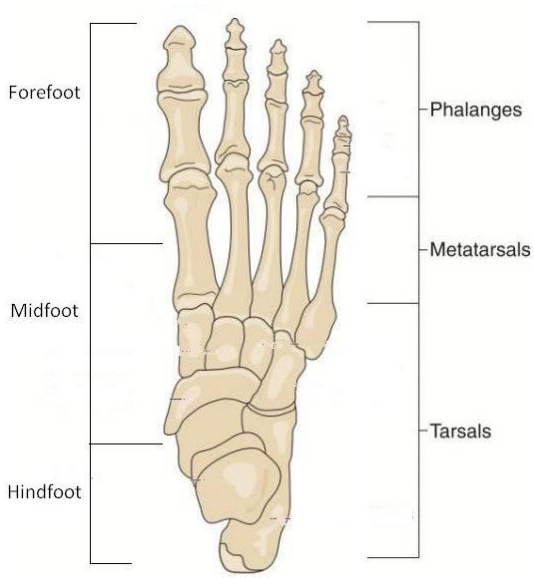
## What is a midfoot fusion?

The foot is made of lots of small bones. This means there are many joints where these bones come together. The midfoot is the area in the middle of the foot.

A midfoot fusion stiffens 1 or more of the joints in that area so they no longer move.




## Why do I need this operation?

The most common reason for this operation is arthritis. Arthritis wears away the soft protective layer (cartilage) around the end of the bones. Other causes include:

- wear and tear of the joint
- conditions such as rheumatoid arthritis
- fractures
- deformities of the foot, such as flat foot (pes planus), which causes the joints to wear out and collapse over time

By removing the joints and fusing the bones together, the operation will improve pain and correct the shape of the foot.

## How is a diagnosis made?

A foot and ankle specialist will examine your foot. You will also have X-rays to check the joints and confirm the cause of the pain in your foot.

## Are there any alternative treatments?

Non-surgical treatment may be offered first. This depends on:

- how bad the pain and stiffness are in your foot
- other medical conditions, such as diabetes or circulation problems

Alternative treatments may include:

- painkillers

- insoles provided by an orthotist
- supportive footwear
- stiff-sole shoes or rocker soled shoes
- Steroid injections to help confirm which and how many of the joints may need fusion

If these do not help, then a fusion may be offered.

## What does the operation involve?

Midfoot fusion

You will have a general anaesthetic (a combination of medicines that brings on a sleep-like state) and a local anaesthetic block afterwards to help control the pain after surgery.

The surgeon will:

- make a cut over the joint – this could be more than 1 cut, depending on which joints and how many of them are to be fused
- remove the surfaces of the joint to create the edges of the 2 bones – sometimes there is a small gap between the 2 edges. This may be filled with a small bone graft from the heel.
- position the edges carefully to correct any deformity
- use metal staples, plates or screws to permanently fix the bones together so they can heal and fuse

## What are the risks?

Foot surgery has some general risks, including:

- infection
- wound problems
- scarring
- swelling
- numbness
- blood clots
- nerve injury
- stiffness
- over correction
- recurrence of the deformity

The main risk is that the bones may not fuse together properly. This risk is higher if you:

- are diabetic
- have rheumatoid arthritis
- smoke

It is important to **stop smoking** before the operation and during recovery.

You will be given medication to reduce the risk of blood clots while your leg is in a plaster cast.

## What happens after the operation?

After the operation, your foot will be covered with a dry dressing and a plaster backslap. It is important that this remains clean, dry and intact until your clinic appointment. This will be about 2 weeks after your operation, where the dressing and stitches are removed. You will then be placed in a full below knee plaster and will be non-weight bearing for another 4 weeks.

After 6 weeks, you will be put into a ski-boot and you will start to place a small amount of weight on your leg for another 6 weeks. It is important that you keep your foot raised above the level of your heart to control the swelling in your foot.

After 12 weeks, you will be able to slowly increase the amount of weight you put through your leg.

## Will I be able to wear normal shoes?

Once your foot has fully healed and the bones have fused, you will be able to wear normal shoes. It is recommended that you wear stiff soled shoes for support.

## Further information

Please let staff know of any concerns or questions you may have. We will do our best to answer your queries quickly.