North Cheshire and Mersey
NHS Foundation Trust

Hindfoot fusion (subtalar or triple fusion)

Trauma and Orthopaedics

Information for patients and carers

• Home • Community • Hospital

Caring for you

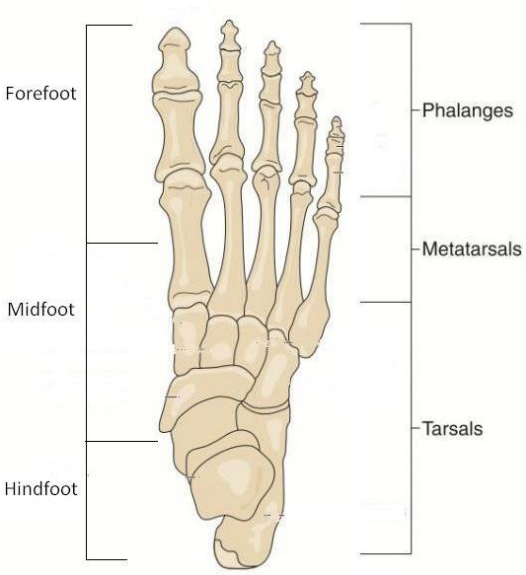
Review date: June 2029

What is a hindfoot fusion?

Your foot is made of many small bones. There are lots of joints where these bones meet.

The hindfoot is the back part of the foot.

A hindfoot fusion is an operation that makes 1 or more of these joints permanently stiff.



Why do I need this operation?

The most common reason for the operation is arthritis, which causes pain and stiffness. Arthritis happens when the soft protective layer (cartilage) at the end of the bones wears away. This can happen through wear and tear of the joint or because of other conditions like rheumatoid arthritis and fractures.

Deformities such as flat foot (pes planus), can also cause the joints to wear out and collapse. Removing the joints and fusing the bones together will help to improve pain and correct any deformities.

How is a diagnosis made?

A foot and ankle specialist will examine your foot and X-rays will be taken. A diagnosis will be made as there may be other reasons for the pain in your mid-foot area.

Are there any alternative treatments?

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

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

You may be offered:

- painkillers
- insoles
- splints, from an orthotist

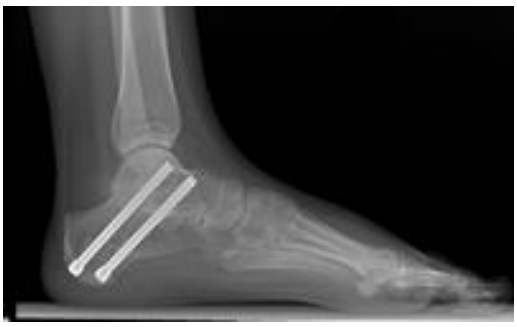
- supportive stiff-sole shoes, ankle boots or callipers
- steroid injections, this can also help to identify which joints need to be fused

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

What does the operation involve?

The operation is usually done under general anaesthetic (a combination of medicines that brings on a sleep-like state). A local anaesthetic block will also help to control your pain after surgery.

A cut is made over the joint. More than one cut is made depending on which and how many of the joints are going to be fused. The surfaces of the joint are removed to create the edges of the 2 bones. Sometimes there is a small gap between the edges of the bones which may be filled using bone taken from the heel bone. The edges are then held together and positioned carefully. Screws are used to permanently hold the bones in the correct position, allowing them to heal and fuse together.



Subtalar fusion

What are the risks?

Foot surgery has some general risks, including:

- infection
- scarring
- swelling
- numbness
- blood clots

The main risk is that the bones may not fuse together properly.

This risk is higher if you:

- have diabetes
- 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 surgery, your foot will be covered with a dry dressing and a plaster backslap. It is important that you keep this dressing clean, dry and intact until your clinic appointment. This will be about 2 weeks after your operation, when 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. It is important that you keep your foot raised above the level of your heart to control the swelling in your foot.

After 6 weeks, you will move into a boot and you will start to place a small amount of weight on your leg for another 6 weeks.

After 12 weeks, you will be able to slowly increase how much 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.