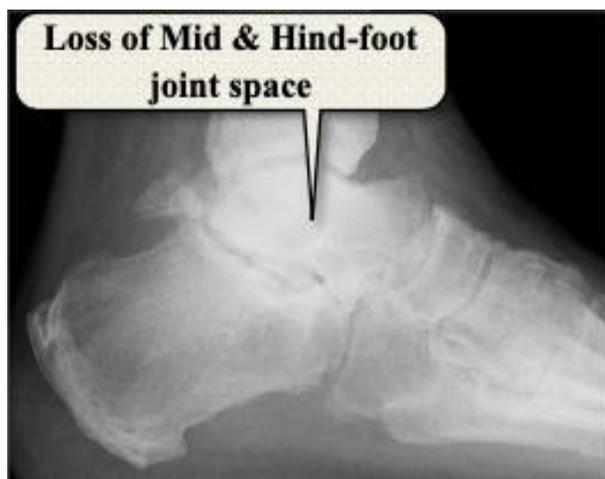


What is foot arthritis?

The mid-foot (Talo-Navicular and Calcaneo-Cuboid) joints are responsible for forefoot rotation. The hind-foot (subtalar) joint is responsible for side to side movement of the heel. These joints allow us to walk on uneven ground. Arthritis is a process of wear and tear involving one or more of these joints. It is commonly due to a previous injury or fracture or a mal- alignment of the foot joints. Patients with rheumatoid disease can also suffer arthritis of these joints. Patients usually complain of pain that becomes worse with walking (particularly on un-even ground), together with stiffness, recurrent swelling and a sense of giving way. The diagnosis is made by clinical examination and x-rays. A CT scan is sometimes needed to show the joints involved in even more detail.



Do I need an operation?

The diagnosis is made by clinical examination and x-rays. A CT-scan is sometimes needed to show the joints involved in even more detail. Before being offered this operation, you should have tried other measures and treatments such as footwear changes, using cushioned inserts, braces and walking aids, taking anti-inflammatory medications and limiting 'impact' activities. This operation is offered to you if you continue to have symptoms despite trying the above measures and after you have been examined and counselled by a member of the foot and ankle team. The operation is usually offered in severe cases of arthritis of these joints.

What does the operation involve?

You will need a hospital stay for this operation and you will be discharged when mobile and comfortable. The operation is performed with a general anaesthetic and nerve block (which means numbing the nerves of the foot and ankle). The operation involves two incisions over the sides of the ankle/ hind-foot. The remaining cartilage covering the joint surfaces is removed and the ends of the joints are fixed using screws, plates, metal staples or metal wires.

What happens after your surgery?

Your post-operative period

- The ankle will be immobilised in a cast or boot for three months or more. It is likely that you will not be able to put much weight through your foot for a significant proportion of this time.
- You will see the physiotherapist after your operation and they will give you crutches
- You must keep your foot raised for the first two weeks and then when it's necessary afterwards
- Use crutches for the first six weeks.

Your follow-up

- Nurse-led clinic at two weeks to remove the initial plaster and stitches. A full below knee non-weight bearing plaster is then applied
- Consultant clinic at six weeks to remove the plaster and take x-rays. A new full below knee weight bearing plaster or removable boot is then applied
- Consultant clinic again at 12 weeks to remove the plaster
- Off work for around 12 weeks, depending on your job, and no driving for 12 - 14 weeks
- Full recovery from this operation may take up to 12 months.

What are the possible complications?

- Infection
- Ongoing pain
- Failure of bone healing (non-union)
- Sensitive or painful scars
- Blood clots in the leg (DVT – deep vein thrombosis)
- Blood clots in the lung (pulmonary embolism)
- Chronic Regional Pain Syndrome – a person experiences persistent severe pain, usually in one limb

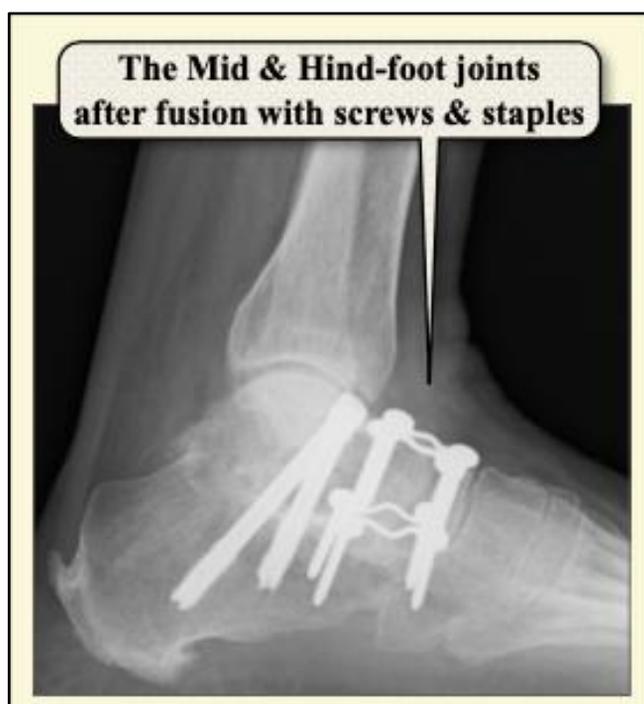
Smoking, diabetes, rheumatoid arthritis or being on steroids or blood-thinning medication increases the possible risks significantly.

Preventing blood clots

According to the current UK guidelines, you could be prescribed blood thinning medication to reduce your risk of getting blood clots.

An important note

The technique described above is for a standard case and can frequently be changed to suit your individual needs. The anaesthetist may decide to use a different type of anaesthesia depending on your needs.



For appointment enquiries please phone the Waiting
List Office: 0131 2423437