

SUBTALAR FUSION (ARTHRITIS)



OVERVIEW

- Subtalar arthrodesis involves fusing the subtalar joint, which is located below the ankle joint. It is typically performed to alleviate pain and restore stability in cases of severe subtalar arthritis or significant deformity.
- Subtalar arthritis refers to the inflammation and degeneration of the cartilage within the subtalar joint, located below the ankle joint. It can cause pain, stiffness, and limited mobility in the hindfoot, often resulting from trauma, overuse, or conditions like rheumatoid arthritis.
- This fusion eliminates motion within the ankle joint, effectively eliminating pain. Ankle fusion is usually recommended when other treatments, such as medication or infiltration have failed to provide sufficient relief.
- An X-ray is always done beforehand to assess the degree of destruction and the best course of action. Often an MRI or CT also needs to be performed.

Conservative options:

- **Ice Therapy:** Applying ice to the ankle helps reduce inflammation. It's essential to protect the skin by placing a cloth between the ice and the skin. Optimal duration for icing is 30 minutes, multiple times a day.
- **Anti-inflammatory Medication:** Celebrex, a safe anti-inflammatory medication, is prescribed for three months to tackle inflammation. Consistent daily use is crucial for optimal results.
- Ice and anti-inflammatory medication can be tried for three months to see if it improves the pain. If it does not resolve, infiltration and surgery are the next options.
- **Corticosteroid Infiltration:** In very limited amount of cases infiltration may be offered to you as an option. Administered under anaesthesia in a controlled environment, this procedure targets inflammation. It's typically done as a one-day procedure in theatre so that patients can lie still and pain free. This is why we do not offer this procedure in the consultation rooms. Infiltration usually only provides relief for a few months. [For more detailed information about what to expect when coming for infiltration, please refer to the leaflet "Infiltration".](#)

Surgery:

- During surgery an incision on the anterior aspect of your foot is made. The bones of your subtalar joint is fused with screws to eliminate movement in the joint. Your foot will still have a good range of motion. You will have better functionality because you will not have the pain.

SURGERY

[For more detailed information about what to expect in relation to surgery, please refer to the leaflet "Day of surgery essentials".](#)

Pre-procedure:

- You will receive a scheduled time for your procedure from our practice manager, Elzette.
- Fill in the forms sent to you by our office via email or find the forms online at www.ankledoc.com under "Patient Corner".
- Upon arrival at the hospital, you will undergo the standard admission procedure.
- Nurses will admit you to the ward and ask you medical questions to ensure your readiness for the procedure.
- It is often helpful to bring a list of your chronic medications.
- Relevant foot/feet will be marked with a marker for identification.

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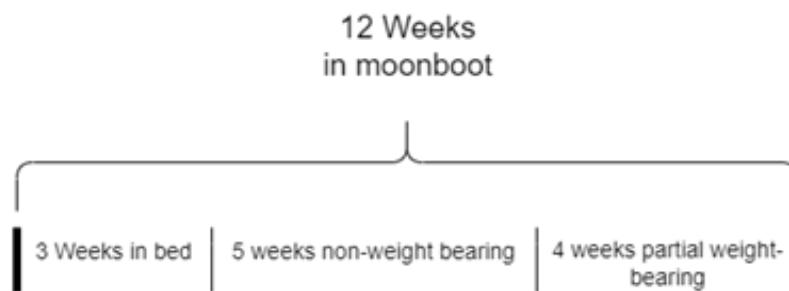
During the procedure:

- When it's your turn, you will be escorted to the theatre.
- You will briefly meet with your doctor before being anesthetized.
- A below knee block will be performed.
- The doctor will make an incision on the top of your foot. During the procedure, the damaged cartilage within the joint is removed, and the bones are then fused together using screws, plates, or rods. Sometimes bones need to be harvested to fill in the gaps between the bones and help them unite. Bone might be harvested from your hip or lower leg. The lower part of your fibula might be removed. This will be discussed with you beforehand.

Post-procedure:

- After the procedure, you will be taken to the recovery room to wake up fully from anaesthesia. Once fully awake, you will be returned to the ward.
- Most of our patients remain in hospital for two nights. Approximately 50% of patients need to stay a second night. It gives you ankle-block time to wear off and during that time we can get ahead of the pain with intra-venous medication. During this time, it also gives our physio and Dr Wessels time to visit you.

Aftercare and rehab:



- You will be in a moon-boot for 12 weeks.
- For 8 weeks you will not put any pressure on your foot, this means your foot should not touch the ground. The first 3 weeks of this you should mostly be in bed. Do not move anywhere out of bed without your moonboot, because accidents are bound to happen. Use crutches or a knee-scooter for mobility. The next 5 weeks of this you can move around without stepping on your foot but you will still need to elevate your foot several hours during the day to control the swelling. Ice your foot regularly.
- For the next 4 weeks you will still be in your moonboot, but you are allowed to step on your moon boot. Crutches are not necessary currently except if you still feel a bit off balance. During this time, you and the physio will slowly start walking without the moonboot. This should only be done in a controlled environment and part of rehab. Don't take chances by walking around without your moon boot during this time.
- Rehabilitation is very important. Work together with the physio to obtain an acceptable range of motion for your foot.
- Swelling at the end of the day is normal. Swelling is only concerning if it is worse when you wake up and if there is a new and worsening pain associated with it.

Wound care:

- 3 weeks post-op is also the time when your stitches can be removed if the wound has properly healed. Please refer to the leaflet demonstrating how to remove the stitches if you wish to do so at your local hospital or GP.