

TRIPLE ARTHRODESIS

Postoperative Recovery Protocol

Type of Procedure:	In hospital for one to two nights
Length of Procedure:	1.5 hours
Anesthesia:	General anesthesia or twilight with a Nerve Block

Triple arthrodesis: what is it?

The goal of this type of surgery is to fuse or glue together (arthrodesis) 3 joints of the back of the foot (triple arthrodesis). It is a very useful operation to correct various types of deformity of the foot as well as certain types of arthritis of the back of the foot.

This type of surgery does not typically affect the up and down movement (dorsiflexion and plantarflexion) of the foot and ankle

The side to side movement (inversion and eversion) of the back of the foot is affected, and will no longer be present. Usually however for most patients who require the triple arthrodesis, most of this side to side movement has already been lost. The lack of this side to side movement will be noticeable when walking on uneven ground surfaces. This does not however cause any pain, and all types of exercise are permitted following a triple arthrodesis.

Screws are inserted into the heel bone to hold the joint together while the fusion occurs. Once the joint is fused the screws are not necessary, but are rarely removed.

Following the arthrodesis a return to activity and exercise is important which is made easier with physical therapy and regular exercise. IN addition to this carefully designed physical therapy program, your shoes and what you put in them are also important. An orthotic arch support which will fit in your shoe, and go from shoe to shoe is important for your recovery. The orthotic support will be made following a computer of the pressure of the foot

Postoperative recovery: General factors

- You will not be walking on the leg for about 6 weeks. This depends on how quickly your bone starts to heal.
- In order to stay off your foot, you will need to use crutches, a walker, a wheelchair or a scooter type device called a roll-about.
- There will be a hard plaster bandage applied to the leg for two weeks after surgery
- Your first follow up visit will be at approximately 2 weeks to remove the stitches
- We will usually apply a removable boot for you to wear at this time
- If the surgery is on your left ankle, you should be able to drive an automatic vehicle at two weeks. If the surgery is on the right foot, you may drive between 3 and 4 weeks.
- You may begin to walk with the boot at about 5 weeks, depending upon your level of discomfort, and the instructions given to you.
- Physical therapy is helpful to regain the strength and movement of the ankle
- You should plan to use a physical therapist for about 1-2 months
- There will be moderate swelling of the foot, ankle and leg for about 6 months
- You will continue to improve your strength and movement for about 9 months after the surgery
- You can expect to have some soreness and aching for about 4-6 months after surgery
- Orthotic arch supports are very helpful in this recovery process.

Specific Post-Operative Course:



Dr. Graham McCollum
ORTHOPAEDIC SURGEON - FOOT & ANKLE SPECIALIST
MBChB(UCT) | FCS Orth(SA) | MMed(UCT) | Practice No: 0478679

Tel: 021 671 6213
Emergency: 072 277 7043
Email: graham@drmcollum.co.za
Life Claremont Hospital, Suite 804, Wilderness road, Claremont
UCT Private academic Hospital, Anzio Road, Observatory

Day 1:

1. Foot wrapped in bulky bandage and splint, ice, elevate, take pain medication
2. Expect numbness in foot 12-24 hours then pain, bloody drainage expected
3. Do not change the bandage

Day 10-14

1. The dressing is changed, XR's taken and a boot is applied
2. No weight bearing for about 2-3 weeks, but 30 lbs of weight is permitted

6-weeks

1. The boot is removed, XR's are taken
2. Continue full activities now in the boot with full walking

12-weeks

1. Start an exercise program
2. A gait analysis will be done in the office and orthotic arch supports made for you
3. A stiff soled shoe is best for two months

The risks and complications although uncommon include infection of the skin and the wound, numbness of some parts of the foot afterwards, deep vein thrombosis, non-union of the fusion and anaesthetic risks.

