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Patient information

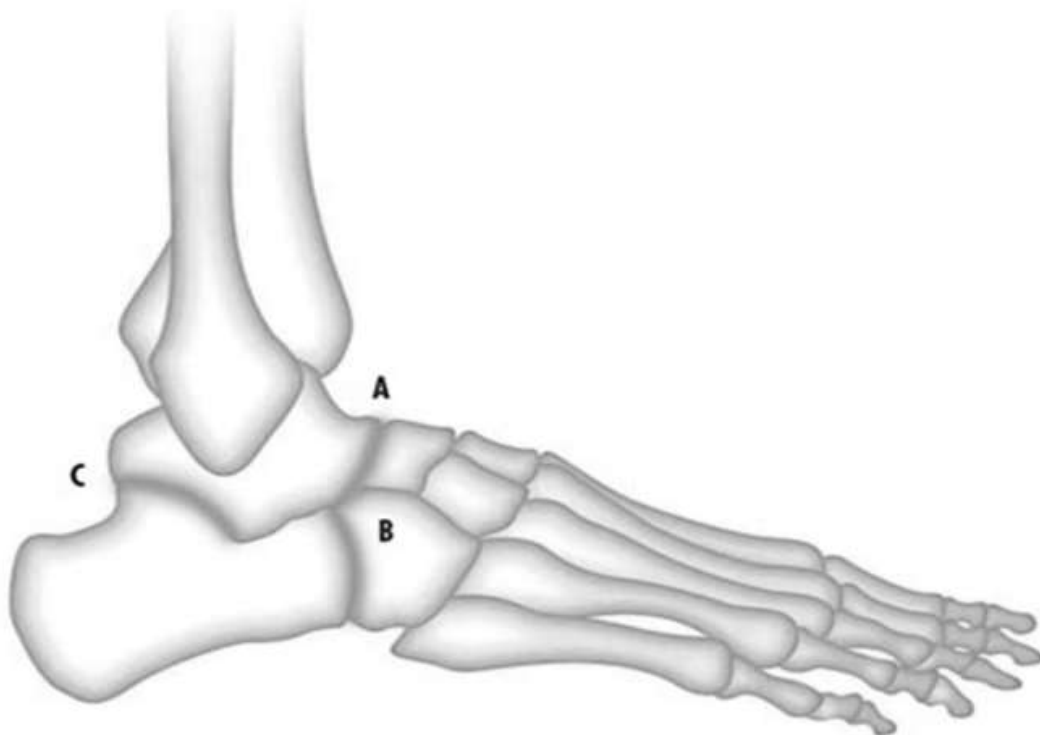
Triple Arthrodesis

Trauma and Orthopaedics Speciality

Your consultant / doctor has advised you to have a triple arthrodesis (hind foot fusion).

The aim of surgery is to ease your pain by stiffening (fusing) three joints in your hind foot known as the talo-navicular (A), calcaneo-cuboid joints (B) and subtalar (C) joints (not including the ankle).

These are the joints that are involved in allowing most of the side to side movement in the foot.



In Triple Arthrodesis procedure, three joints (A,B and C) are fused and immobilised, holding the foot in a corrected position. The operation is performed less often now than in the past, because it interferes with the foot's ability to act as a shock absorber.

How and why is it done?

The reason for carrying out a triple arthrodesis is usually either to correct a deformity in the hind foot or to relieve pain caused by arthritis to the small joints of the hind foot. This may be as a result of a previous injury or general wear and tear to the joints.

Triple arthrodesis is usually carried out under a general anaesthetic and you should expect to be in hospital for around two to three days.

The surgery is usually carried out through two incisions (cuts) one on the outer side and one on the inner, just below the ankle, allowing access to the joint surfaces. Through these incisions the remaining cartilage is removed to produce surfaces that can be joined up.

The position of the hind foot is also corrected and the joints are then stabilised using (metalwork) screws or staples.

It may be necessary to place extra bone into the joint(s) to promote bone healing or to achieve a better correction, by filling up any remaining gaps. For this, it may be necessary to take some bone from your pelvis, through a further incision just above the hip area.

What are the risks of having a triple arthrodesis?

All surgical procedures carry risks of wound infection and delayed wound healing. Damage to the small nerves around the operated area can also happen, which may result in numbness and / or painful scarring.

Procedures are often undertaken to try to improve your pain, but this is sometimes unsuccessful and pain may continue and may even increase.

There is also a risk that you do not produce enough new bone to make the fusion solid. The metalwork used to hold the bone surfaces together, whilst the bone heals, might loosen or fail.

If you are a smoker, we strongly advise you to stop smoking at least one week before your surgery and for the duration of your treatment. By doing this you are not only lessening the risk of developing a clot after surgery but you are also helping towards the success of your surgery. Wound healing and bony fusion is greatly affected even if you smoke one cigarette.

To help avoid complications, it is also very important that you do not put any weight through your operated leg until your specialist is happy for you to do so.

Are there any alternative treatments available?

If you decide not to proceed with surgery, your surgeon may offer you conservative treatment in the form of special orthotics and/or footwear. The aim is to relieve your symptoms and delay further damage by restricting movement at the affected joints.

If your surgeon feels it's appropriate he may refer you for a steroid injection under X-ray control, which may also help relieve your symptoms.

What will happen if I don't have any treatment?

If you decide not to receive treatment, it is likely that your symptoms and condition will continue to worsen.

What sort of anaesthetic will be given to me?

You will be given a general anaesthetic. A general anaesthetic is drug-induced unconsciousness: an anaesthetist, who is a doctor with specialist training, always provides it.

A general anaesthetic can cause side effects and complications. Side effects are common, but are usually short-lived: they include nausea, confusion and pain.

There is a risk of damage to teeth, particularly caps or crowns and veneers. Your anaesthetist will take every care, but occasionally damage can occur.

Serious complications are very rare, but can cause lasting injury, including paralysis and death.

The risks of anaesthetic and surgery are lower for those who are undergoing minor surgery, and who are young, fit, active and well.

For more information, please ask for a copy of the leaflet “**You and Your Anaesthetic**” (PIF 344).

You will be given an opportunity to discuss the anaesthetic and associated risks with your anaesthetist before your surgery.

If you are worried about any of these risks, please speak to your Consultant or a member of their team before you are due to have this treatment.

Getting ready for your operation

- You will usually be seen in the pre-operative clinic before you are admitted to hospital. Here you will have blood tests and sometimes a heart trace and a chest X-ray, if appropriate. You will be assessed to see if you are fit for the anaesthetic.
- The staff will ask routine questions about your health, the medicine you take at the moment and any allergies you may have.
- You will be given instructions on eating and drinking.
- You will be able to discuss the operation with a doctor. You will be asked to sign a consent form to say that you understand the procedure, what the operation involves and that you are happy to proceed. At any time you can decide to withdraw consent, even if you have signed the consent form.
- You may need to see a physiotherapist who will assess you with regard to your present condition and ability to non-weight bear (hop), using crutches or other suitable walking aids. You will also be advised on the importance of keeping the rest of your joints moving to prevent them from becoming stiff following surgery.

The day of your operation

- You may be able to come into hospital on the day of your operation. This depends on your general health and in some cases it may be necessary for you to be admitted the day before your surgery. Please make sure you contact the ward before you leave home to check bed availability.
- Please bring any medication you are taking into hospital.

- Please leave all cash and valuables at home. If you need to bring valuables into hospital, these can be sent to General Office for safekeeping. General Office is open between 8.30 and 4.30 Monday to Friday. Therefore, if you are discharged outside these times we will not be able to return your property until General Office is open. The Trust does not accept responsibility for items not handed in for safekeeping.
- You will be asked to remove jewellery - plain band rings can be worn but they will be taped.
- Please leave body piercings at home. False nails and nail polish will also need to be removed if worn.
- If you are on regular medication, you will be told to take this if necessary.
- You will be asked to put on a gown and disposable underwear.
- A bracelet with your personal details will be attached to your wrist.
- You may be prescribed some medication to take before your operation by the anaesthetist. A member of the nursing staff will give this to you.
- A porter will take you to the operating theatre.
- Your dentures, glasses or hearing aid can stay with you on your journey to the operating theatre.
- When you arrive in the theatre area, you will be asked to put on a disposable hat.
- You will be taken to the anaesthetic room. Here a theatre nurse will check your details with you.

What should I expect after my operation?

- After your operation you will be kept in the theatre recovery room before being transferred back to your ward.
- You will have a plaster cast in place, which is applied in theatre while you are still under the anaesthetic. This will be a temporary cast, which allows for some normal post-operative swelling expected after your surgery.
- This swelling can be minimised by ensuring that your leg is elevated (raised) so that the level of your heel is higher than your hip level. This cast is normally in place for around two days or up to two weeks, depending on your consultant.
- If you require change of cast, you will visit the clinic area for a new lightweight full cast. A check X-ray may also be carried out during the first post-operative days.
- A nurse will check your pulse, blood pressure, and breathing rate regularly. **It is important that if you feel any pain you must tell the nursing staff, who can give you painkillers to help.**

- The nursing staff will also advise you when you can start taking sips of water. Anaesthetics can make some people sick. If you feel sick we advise you not to drink until this feeling has passed. The nursing staff may offer you an injection to help this sick feeling go away.
- The first time you get out of bed, please make sure you ask a nurse for assistance as you are not allowed to put any weight through your operated foot. The physiotherapist will assess your ability to hop on your unoperated foot, using a zimmer frame at first and then crutches.

Going Home

You may be discharged once your cast has been changed at around two to three days following surgery, depending on the result of your X-ray and whether you are safely mobilising with crutches.

The physiotherapist will also instruct you on how to climb stairs safely, without putting any weight onto your operated foot.

Further Appointments

You will be given an outpatient follow-up appointment for up to two weeks following your surgery, when you will have your cast removed, wounds checked and sutures (stitches) removed. A further cast will then be reapplied and you will then be reviewed in a further four weeks and have an X-ray when you arrive in clinic, following cast removal.

Once your specialist has reviewed you with the X-ray at this stage (six weeks after your surgery) you may then be able to go into a special walking boot (looks like a ski boot) or another cast, which allows you to put some weight through and this is in place for six weeks. After this time, a further check X-ray will be carried out (three months after surgery) and you may be able to go into a form of splint or special sandal, before eventually returning into normal footwear.

Pain relief and medication

The nursing staff will advise you about painkillers before you leave the hospital. Please tell the nurses what painkilling tablets you have at home. You should elevate your leg highly when sitting to help reduce post-operative swelling and pain.

Your hip wound (if applicable)

A dressing is applied in theatre and this should be left in place until your first clinic appointment. The sutures (usually butterfly stitches/ tape) are removed.

If the dressing is taken off before clinic the stitches will come away with the dressing and could delay wound healing).

If following discharge you notice increased pain, smell or oozing from your wound, please contact your G.P. immediately and contact the foot and ankle specialist nurse.

Returning to work

You can self-certify for the first seven days of sickness. Before you are discharged, a medical certificate (fit note) may be given by your hospital doctor to cover the expected time off you will need.

Your Consultant will inform you how long you are likely to need off work. This will depend on your occupation.

Feedback

Your feedback is important to us and helps us influence care in the future.

Following your discharge from hospital or attendance at your outpatient appointment you will receive a text asking if you would recommend our service to others. Please take the time to text back, you will not be charged for the text and can opt out at any point. Your co-operation is greatly appreciated.

Further Information

If you have any queries or concerns following your discharge, please contact the ward or the specialist nurse below.

Specialist Nurse for foot and ankle surgery

Tel: 0151 282 6000 and ask for bleep 4634

Text phone number: 18001 0151 282 6000

Foot and Ankle secretaries

Tel: 0151 282 6746 / 6813

Text phone number: 18001 0151 282 6813/6746

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All Trust approved information is available on request in alternative formats, including other languages, easy read, large print, audio, Braille, moon and electronically.

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