

## HINDFOOT (SUBTALAR) FUSION

**Information:** Hindfoot arthritis can be treated without surgery. The hindfoot includes the subtalar joint and sometimes the tibiotalar joint as well. If you decide to have surgery, a hindfoot fusion (arthrodesis) is one option that can be performed. A hindfoot fusion is where I remove the cartilage from the joint(s) and connect the bones together. The bones may be the talus and calcaneus (subtalar fusion) only or also include the tibia (tibiotalocalcaneal fusion). Patients may have other deformities and/or painful conditions that may be fixed at the same time. Often, I will make a small incision on the side of your heel to remove bone graft from your heel bone (calcaneus) to help the fusion process. Risks of surgery include, but are not limited to, infection, wound healing issues, scarring, swelling, stiffness, pain, numbness, injury to vessels, bone healing problems (nonunion/malunion), hardware problems/need for hardware removal, recurrence, other deformity, need for future surgery, a blood clot and/or pulmonary embolism, or perhaps a condition you may feel is worse or not much better from your preoperative status. If it is your right side, most patients cannot drive for 8 – 12 weeks after surgery. Many patients are out of work at least 1 month depending on your job.

**On the Day of Surgery:** The scheduling team will call you with your arrival time one day prior to your surgery. Once you arrive at the facility, the staff will direct you where to go. I will meet you in the preoperative holding area where we can discuss any remaining questions that you have and review the surgical plan. You and the anesthesiologist will determine the type of anesthesia that is best for you. Often, a block is provided by the anesthesiologist. This will decrease the amount of pain after surgery. The risks of anesthesia/block will be discussed with the anesthesiologist. You will then be brought to the operating room.

**After Surgery:** I will discuss the details of the surgery with your guest and review the postoperative plan. You will be taken to the recovery room and sent home when the nurses and anesthesiologist think you are suitable for discharge. Some patients stay in the hospital overnight. You will be placed into a splint. You are not allowed to walk on the operative leg. You will be sent home on pain medicine with the hope that you can discontinue it as quick as possible. You will also be given medication to help prevent a blood clot. You can use crutches, a knee walker, a walker, a wheelchair, etc.

### Anticipated Postoperative Course:

Time Postoperatively	Description
0 – 2 Weeks	Elevation above the heart is <i>EXTREMELY</i> important during this period.
10 – 14 Days	Appointment with Dr. Boden. Anticipate splint and suture/staple removal. X-rays will be obtained at this visit. You will be transitioned to a short leg cast or a tall CAM boot.

Disclaimer: These are general statements and may not apply specifically to your care. I may modify as needed for your individual care.

<b>2 – 6 Weeks</b>	Maintain the short leg cast or tall CAM boot. Continue non-weightbearing. If you are in the tall CAM boot, you can remove the boot to shower and perform gentle ankle range of motion exercises.
<b>6 Weeks</b>	Follow-up appointment with Dr. Boden to monitor progress. Repeat X-rays of your ankle will be obtained. If you are in a cast, anticipate cast removal and transition to a tall CAM boot.
<b>6 – 10 Weeks</b>	You will start touchdown weightbearing (25% of your body weight) in the boot with crutches. You will advance your weight in the tall CAM boot by 25% per week until you are fully weightbearing at week 10.
<b>10 Weeks</b>	Follow-up appointment with Dr. Boden to monitor progress. Repeat X-rays of your ankle will be obtained. You will receive an ankle brace that you can use once you have slowly weaned out of the CAM boot.
<b>10 – 16 Weeks</b>	You may slowly transition out of the CAM boot into comfortable shoe of your choice with the ankle brace.
<b>4 – 6 Months</b>	You will begin to feel that this is “behind you” and although you are not fully normal/healed, you should be doing quite well. You may continue low impact activities.
<b>6 Months</b>	Follow-up appointment with Dr. Boden to monitor progress. X-rays will be taken at this visit. You should be in a regular shoe at this postoperative visit.
<b>6 Months and Beyond</b>	Gradual return to all activities. Swelling is the last issue to resolve and can be 6 – 12 months for any ankle surgery. In general, patients make improvements up to 12 months after surgery.
<b>12 Months</b>	Final follow-up appointment with Dr. Boden to continue to monitor progress. X-rays will be taken at this visit. I’m happy to see you at any time postoperatively if there are any issues or you have any concerns. <i>Thank you for the opportunity to take care of you!</i>

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