Hindfoot Arthrodesis

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This fact sheet is for general information about this procedure only. It is not intended to be used as medical advice or to replace advice that your relevant healthcare professional would give you. If you have a particular medical problem, please consult a healthcare professional.

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What is arthritis?

Arthritis is a group of conditions that cause damage to one or more joints.

Arthritis eventually wears away the normal cartilage covering the surface of the joint and the bone underneath becomes damaged. This causes pain and stiffness in the joint, which can interfere with normal activities.

What are the benefits of surgery?

You should get less pain and be able to walk more easily.

Are there any alternatives to hindfoot arthrodesis?

Simple painkillers can help control the pain of arthritis.

Using a walking stick on the opposite side to the affected foot can make walking easier. A plastic splint or a stiff ankle boot with a cushioned heel is sometimes helpful.

Regular moderate exercises can help to reduce stiffness in your foot. Physiotherapy may help to strengthen weak muscles.

If you are overweight, losing weight will help reduce the load on your foot.

A steroid injection into your hindfoot joints can sometimes reduce pain and stiffness for several months.

What will happen if I decide not to have the operation?

Arthritis of your hindfoot usually, though not always, gets worse with time.

Arthritis is not life-threatening but it can be disabling.

What does the operation involve?

Various anaesthetic techniques are possible.

The operation usually takes an hour to 90 minutes.

Sometimes surgeons can use keyhole surgery but other times they will need to make one or more larger cuts on the skin. Your surgeon will remove the damaged joint surfaces. They will fix the bones together with screws and sometimes metal plates.

There are three joints in your hindfoot. Your surgeon may need to fuse one, two or all three joints.

How can I prepare myself for the operation?

If you smoke, stopping smoking now may reduce your risk of developing complications and will improve your long-term health. Your hindfoot arthrodesis is much less likely to be successful if you smoke.

Try to maintain a healthy weight. You have a higher risk of developing complications if you are overweight.

Regular exercise should help to prepare you for the operation, help you to recover and improve your long-term health. Before you start exercising, ask the healthcare team or your GP for advice.

Speak to the healthcare team about any vaccinations you might need to reduce your risk of serious illness while you recover. When you come into hospital, practise hand washing and wear a face covering when asked.

What complications can happen?

The healthcare team will try to reduce the risk of complications.

Any numbers which relate to risk are from studies of people who have had this operation. Your doctor may be able to tell you if the risk of a complication is higher or lower for you. Some risks are higher if you are older, obese, you are a smoker or have other health problems. These health problems include diabetes, heart disease or lung disease.

Some complications can be serious and may even cause death.

General complications of any operation

- Bleeding during or after the operation.
- Infection of the surgical site (wound).

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- Allergic reaction to the equipment, materials or medication.
- Blood clot in your leg (deep-vein thrombosis – DVT).
- Blood clot in your lung (pulmonary embolus), if a blood clot moves through your bloodstream to your lungs.
- Difficulty passing urine.
- Chest infection. Your risk will be lower if you have stopped smoking and you are free of Covid-19 (coronavirus) symptoms for at least 7 weeks before the operation.

Specific complications of this operation

- Damage to nerves leading to weakness, numbness or pain in your foot or ankle. This usually gets better but may be permanent.
- Breakdown of the skin over your foot or around the wounds.
- Infection in your foot. If the infection is severe, you may need all or part of your foot amputated.
- Failure of the arthrodesis, where the bones do not join together.
- Severe pain, stiffness and loss of use of your foot and ankle. Your foot and ankle can take months or years to improve.
- Need for another operation.
- Difficulty passing urine.

Consequences of this procedure

- Pain.
- Unsightly scarring of your skin, although foot wounds usually heal to a neat scar.

How soon will I recover?

You should be able to go home the same day or the next day.

The healthcare team will tell you when you can return to normal activities.

Most people need to have the cast for about 8 to 12 weeks. You will need to use a walking aid until it is removed. Once the cast is removed, regular exercise should help you to return to normal activities as soon as possible. Before you start exercising, ask the healthcare team or your GP for advice.

Most people make a good recovery, have less pain, and can move about better. You may get a slight limp but most people can drive a car and do other normal activities. It can take up to a year for your foot to stop improving.

Summary

If you have severe arthritis in your hindfoot joints, an arthrodesis should reduce your pain and allow you to do more of your normal activities.

Keep this information document. Use it to help you if you need to talk to the healthcare team.

Some information, such as risk and complication statistics, is taken from global studies and/or databases. Please ask your surgeon or doctor for more information about the risks that are specific to you, and they may be able to tell you about any other suitable treatment options.

This document is intended for information purposes only and should not replace advice that your relevant healthcare team would give you.

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