

Tarsometatarsal Joint (midfoot) Fusion



When is this procedure recommended?

This type of surgery is undertaken where there is painful arthritis in the tarso-metatarsal joint(s) which are in the middle of your foot. The operation involves removal of cartilage from either side of the arthritic joint, the ends of these bones are held together by a metal plate / screws / staples while the bone fuses. The benefit of this operation is reduced pain and improved comfort during walking. The main disadvantage is the long period of time it takes for the bone to fuse.

What does surgery involve?

The procedure is routinely performed under general anaesthetic and frequently combined with an anaesthetic block for pain relief. You will usually stay in hospital for a night following surgery.

The affected joint is accessed via an incision on the top of your foot. The damaged cartilage is then removed and the bones held together with a metal plate / screws / staples while the bone knits together (fuses). Occasionally, a piece of bone will need to be inserted into the gap formed by removing the joint. This piece of bone will be taken from the heel and requires another incision around the heel.

After the operation

It is important to keep the leg elevated as much as possible especially for the first 2 weeks. You will usually be able to go home when you feel ready. You will need to arrange for someone to drive you home.

You will need some painkillers for the first few days. After surgery you will be placed into a below-knee plaster cast. You will be protected in plaster or boot for up to 9 weeks. You will need to be non-weight bearing for the first six weeks and then in a partial weight bearing boot for another 2 – 3 weeks.

Your first clinic follow-up is usually 12 to 14 days after surgery.

Wound care – The backslab should be kept dry. At your first clinic appointment, wound inspection and suture removal would be undertaken.

Work - If you have a sedentary job you should be able to return to work within 2 weeks (if you can arrange safe transport). If your job is physical, you may need to stay off work until the boot / cast is removed.

Recovery - Your ankle will continue to improve up to 12 months following surgery. Intermittent swelling and aches are common in the initial phase of recovery.

What risks are there involved in the procedure?

- Infection
- Nerve damage – causing numbness and painful scar
- Deep vein thrombosis (DVT) and pulmonary embolism (PE) – blood clots in the vein or lungs – very rare
- Non-union or delayed union (bones not fused together).
- Residual pain in other joints
- Prolonged recovery

It is beyond the scope of this document to identify all the most extreme (less than one in a thousand) risks that you might be prone to but we will be very happy to discuss any worries about specific concerns and also about any family history or your own personal history of problems in the past which are much more relevant. If there is anything you do not understand or if you have any questions or concerns, please feel free to discuss them with us.

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