CQ HAND + UPPER LIMB
SPECIALIST ORTHOPAEDIC SURGEON

PATIENT INFORMATION

Subtalar fusion

Why this operation has been suggested

Dr Kieran Hirpara, an orthopaedic foot and ankle surgeon at Mater Private Hospital Rockhampton, offers subtalar fusion when the joint itself is the source of your pain. The subtalar joint sits below your ankle and lets your foot tilt and turn on uneven ground. Fusion, also called arthrodesis, means joining the bones of that joint together so they no longer rub on each other. Once the bones heal as one solid piece, the painful movement stops.

Patients are generally referred to our clinic by their GP; if a physiotherapist has suggested you see us, you will still need a referral from your GP in order to be eligible for the Medicare rebate. At your visit we take a history, examine your foot, and arrange scans where they are needed to confirm what is wrong.

We usually suggest this operation for ongoing arthritis after a heel fracture, for painful flatfoot caused by a joint that never formed properly, or for a heel that has healed in a poor position. Because this is often a long-standing problem, we start with non-operative care such as activity change, physiotherapy, splinting or a brace, and we consider surgery when that has not given enough improvement. The aim is a stable, pain-free foot so you can walk and stand comfortably again.

Before the operation

To plan your operation, we arrange scans of your foot. These may include weight-bearing X-rays, where you stand while the pictures are taken, and sometimes a CT scan, which shows bone in fine detail, or an MRI, which shows soft tissues such as tendons and ligaments. You will get instructions about fasting from our team: no food for seven hours before surgery. We ask for seven rather than six so that your operation can be brought forward if the theatre list runs early. Stop taking certain medications only if we tell you to; bring a written list of everything you take, including tablets and natural remedies. Wear loose, comfortable clothing and arrange a lift home, as you will not be able to drive yourself. If you have other medical conditions, you may need blood tests or a review with the anaesthetist, the doctor who gives your anaesthetic.

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On the day

You arrive at the hospital's surgical admissions unit, where you are checked in and prepared for theatre. You will meet the anaesthetist, the doctor who gives your anaesthetic. This operation is done under general anaesthetic. A regional nerve block is sometimes added for post-operative pain relief; the anaesthetist will discuss this with you on the day. You are then taken into the operating theatre, where the operation is performed.

You wake up in the recovery area, where nurses watch over you while the anaesthetic wears off. Once you are stable, you either move to a ward or go home, depending on the procedure and how your recovery is going. Some subtalar fusion operations are done on a day-surgery basis, so you may not need to stay overnight. Our team will let you know what to expect for your operation.

What the operation involves

Subtalar fusion joins the bones of your subtalar joint together so they heal as one solid piece. To do this, your surgeon removes the remaining smooth cartilage from the joint surfaces, the worn-out tissue that has been causing pain. The bones are then held together with screws while they heal. Sometimes a bone graft, extra bone material that helps the two surfaces knit, is placed between them.

There is more than one way to reach the joint. Some operations use one cut on the outer side of your foot. Others use keyhole surgery, where the surgeon works through two or three small cuts instead of one larger opening. The choice depends on your foot, your scans, and whether the joint can be moved into a good position. If your ankle joint is also worn out, the operation can be extended to join the ankle and heel bone together as well, using a rod that runs down through the ankle into the heel.

Your surgeon will explain which approach suits you before you sign the consent form.

After the operation

You wake up in the recovery ward, where nurses keep a close eye on you while the anaesthetic wears off. Your foot will be in dressings, and we give you pain relief to keep you comfortable. A nurse will check your wound, your circulation, and how you are feeling before you get up. Most people take a few steps with a frame or crutches on the same day, with help from our team. Because the anaesthetic can make you drowsy and unsteady, please arrange for someone to stay with you for the first 24 hours. Your team will tell you whether you go home the same day or stay one night in hospital. We leave the dressing on for about 10 days; please do not take it off before then unless we tell you to. We change or remove it when we see you.

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Recovery

Your foot will be sore and swollen for the first days and weeks. This is normal. Rest, keeping your foot raised, and the pain relief we give you will ease the discomfort. The swelling usually settles gradually, and the soreness eases as the bones begin to knit.

You will not put your full weight on the foot at first. You will use crutches or a frame to get around, and your foot will be protected in a cast or boot while the bones heal. Your physiotherapist will guide you through simple exercises to keep the rest of your leg strong and your circulation moving. You can move around the house, prepare meals, and manage stairs with care, but you will need help with some daily tasks early on. Sleeping with your foot raised on pillows can reduce swelling and make nights more comfortable.

The first big milestone is when we see you and your wounds have healed. As healing progresses, you will move from crutches to walking on the foot, first with support and then without. Once the bones have joined as one solid piece and your surgeon is happy with how they have healed, you can build up your activity. Walking further, returning to work, and getting back to sport all come in stages as your strength and confidence return.

Recovery varies from person to person. Your timeline may differ, and your surgeon and physiotherapist will guide you at each step.

What can go wrong

Most patients do well, but problems can occasionally happen. Your surgeon and the team monitor you closely to spot any issue early.

The most common worry after this operation is the wound. Watch for redness that spreads out from the cut, fluid or pus leaking from it, or skin that feels hot and looks angry. A deep, throbbing pain that does not ease with simple painkillers is another warning sign. If you notice any of these, call the clinic straight away rather than waiting for your next visit.

Sometimes the bones do not knit together as planned. This is called nonunion. You might feel a grinding or clicking in the foot, or pain that keeps returning months after surgery instead of fading. Bring this up at your review appointment so we can arrange scans and talk about what to do next.

If your operation also joins the ankle and heel bone together, the metal rod or screws can occasionally cause irritation or a break in the bone around them. This usually feels like new pain, a change in how the foot feels under you, or a sudden clunk followed by trouble putting weight on the leg. Contact the clinic promptly if this happens.

With some foot shapes and previous injuries, the skin and soft tissues around the heel can be fragile. Your surgeon chooses the approach, meaning where the cuts are made, with this in mind, to give the wound the best chance of healing cleanly. If you have concerns about how your wound looks during those first weeks, we want to hear about it.

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In a small number of complex cases, particularly where a foot has severe deformity or poor healing, further surgery can be needed to sort the problem out. Your surgeon will discuss this with you beforehand if it applies to your foot.

The complications table on this page lists typical rates if you want the specifics.

When to call us

Most problems show up in the first weeks, and early treatment makes them easier to sort out. Call us if you develop a fever, if the redness around your wound spreads, or if fluid or pus leaks from it. Call us if you have sudden severe pain that simple painkillers do not touch. Go to emergency if you have swelling or pain in your calf, or shortness of breath, as these can be signs of a blood clot. Go to emergency if your foot becomes numb, cold, or you cannot move your toes. When in doubt, call the clinic. We would rather hear about a small worry than have you sit on a big one.

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