



# Triple arthrodesis

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**This information has been produced to help you understand an operation called a triple arthrodesis. If there is anything you do not understand or if you have any questions or concerns, please feel free to discuss them with your doctor.**

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## What is triple arthrodesis?

This is an operation to fuse the joints of the back of the foot (sub talar, talo navicular and calcaneo cuboid). These are the joints that are involved in allowing most of the side to side movement in the foot.

## Why do I need an operation?

This procedure is done for a painful arthritic foot, where more conservative treatments such as anti-inflammatory medication and anaesthetic injections have been tried without success. The overall aim is to reduce the pain caused by the arthritis.

## How is it done?

You will be asked to wash your feet thoroughly on the day of operation and keep them clean, as this will reduce the rate of infection.

Two incisions (cuts) are made, one over the outer side of back of the foot and other one on the inner side. The damaged joint surfaces are prepared and packed with bone grafts, if necessary, at the same time of this operation. The bone graft is taken either from the hip bone (iliac crest) or shin bone (tibia). An additional incision is made over the donor site (either hip bone or shin bone) to remove bone graft which will help in fusion of the joints. Each joint is then held together with one or two screws.

The operation takes about 1½ to 2 hours and is done under a general anaesthetic (you are asleep) or a spinal anaesthetic (you are awake but your foot is numbed and you may be drowsy).

You will be admitted on the day of operation and kept in for one or two nights depending on the pain control and mobility.

## After the operation

You will have moderate to severe pain to the scale of 8/10 and will be given adequate painkillers. You will need some painkillers for the first few days. You need to keep the foot elevated for the first few days until the swelling settles. Your leg will be in plaster or a boot for 6 to 12 weeks. You will be on crutches without putting any weight on the operated leg for a period of six to 12 weeks.

You will then be followed up in clinic in 10 to 14 days to check the wound and change the plaster and again at six weeks and 12 weeks to assess the healing.

The foot needs to be protected until the bones have fused which sometimes takes longer than 12 weeks.

You may need 12 weeks of time off work depending on the nature of your job.

You won't be able to drive until you can do an emergency stop without any pain in the foot.

### **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 (where the bone grafts don't 'take').
- Stiffness. As the joints are fused the foot will be stiffer. This is particularly noticeable when walking on uneven ground.
- Complex regional pain syndrome (CRPS)

### **Useful numbers and contacts**

Adult Day Surgery Unit:	0118 322 7622
Redlands Ward:	0118 322 7484 / 7485
Pre-operative Assessment:	0118 322 6546
Clinical Admin Team (CAT5)	Tel: 0118 322 7415 CAT5@royalberkshire.nhs.uk

To find out more about our Trust visit [www.royalberkshire.nhs.uk](http://www.royalberkshire.nhs.uk)

**Please ask if you need this information in another language or format.**

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