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Navicular–Cuneiform Joint Fusion

Information for patients



MATTHEW CICHERO
SOUTH WEST FOOT SURGERY



Overview

Topic

Navicular-Cuneiform Arthritis

Procedure

Navicular-Cuneiform Joint Fusion.

Aims of surgery

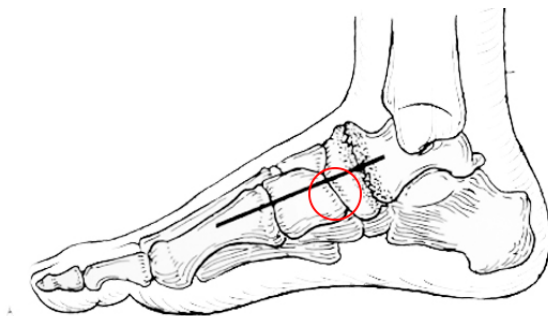
To reduce pain and deformity due to arthritis in the joint.

Advantages of this operation

Reduces pain and deformity.

Specific risks of this operation

Pain from the graft site.
Arthritis in other joints.
Non-union of bone (bone does not knit together).
Fixation problems (with the screws/plates/pins).
Nerve/tendon/blood vessel irritation/damage.
Deep Vein Thrombosis/Pulmonary Embolism



Operation time

Usually takes about 90 minutes.

Incision placement/stitches

This will be on the top of the foot. If a bone graft is used, there may be an incision on the side of the foot near the heel. Absorbable stitches are used where possible.

Procedure

The navicular-cuneiform joints are in the middle of the foot. The bony surfaces either side of the joint is cut away with a saw to remove the worn-out cartilage. The raw bone surfaces are then held together whilst they fuse (heal together). In some instances a piece of bone (graft) is inserted to help the healing and position. This may be taken from another part of the foot.

Fixation	Internal fixation (bone screws, plates or wires) are usually used. You will not normally notice these and they do not usually need to be removed (<20%).
Will I have plaster?	Yes, for about 4–6 weeks. A cam walker will be required for a further 2–4 weeks after the cast is removed.
Is this a day procedure?	Yes, you can usually go home the same day (you will usually be admitted for half a day).
Estimated time off work	Non-manual work approximately 6–10 weeks. Manual work 8–12 weeks.
Indications for the procedure	Unstable or arthritic joint in the midfoot area (navicular-cuneiform joint).
Alternative treatments	Manage your symptoms by altering activity levels, using painkillers and anti-inflammatories, extra depth/width shoes, rocker sole (stiff curved sole) using an insole or orthotic foot support, joint injection therapy.
More information	Speak with your consultant.

Navicular-Cuneiform Joint Fusion

The operation is performed comfortably with a local anaesthetic block, which is achieved by either a series of injections around the ankle, or an injection behind your knee, with sedation or general anaesthesia.

The operation takes about 90 minutes although you will be in the day surgery unit for some time before the surgery and afterwards, to allow you an opportunity to rest post-operatively. Your operated leg will be non weight-bearing in a cast for approximately 6 weeks and then in a walking cast for approximately a further 2 weeks. It is therefore very important that you have people to look after you and any dependants such as children, elderly or disabled relatives during this time.

First 2–4 days after surgery

- This is the time you are likely to have the most pain, but you will be given painkillers to help. You must rest completely for 2–4 days.
- You will have a below knee cast and cannot put weight on the operated foot.
- You will be able to stand and take weight on your non-operated foot after the operation, but you must rest, with your feet up, as much as possible.
- You should restrict your walking to going to the bathroom, and, when getting about use your crutches in the way you will have been shown.
- You can get about a little more after 3 days.

1–2 weeks after surgery

- You will need to attend for your foot to be checked and, if necessary, redressed/recasted.

Between 4–6 weeks after surgery

- The cast will be removed if all is proceeding well. You will be allowed to start walking in a cam walker for a further 2–4 weeks.

Between 8–10 weeks after surgery

- If all has gone well you will be able to start wearing a good lace-up shoe/trainer.
- The foot will still be swollen and twinges of discomfort are not uncommon at this time due to your increasing activity. Your leg will feel naturally weak to start with as it has been in a cast.

- You will be instructed regarding rehabilitation exercises or you may be referred to a physiotherapist.
- You may return to non-manual work but may need longer if you have an active job.
- You may return to driving if you can perform an emergency stop. You must check with your insurance company and Mr. Cichero before driving again.

Between 12–16 weeks after surgery

- The foot should continue to improve and begin to feel normal again.
- There will be less swelling.
- Sport can be considered depending on your recovery.
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6 months after surgery

- You will have a final review between 3–6 months following surgery.
- The swelling should now be slight and you should be getting the full benefit of the surgery.

12 months after surgery

- The foot has stopped improving with all healing complete.

Please note, if a complication arises, recovery may be delayed.




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