

FOOT

Midfoot arthritis and fusion

Midfoot pain from arthritis, injury or collapse: supportive treatment and selective joint fusion.

Patient information, treatment choices, risks, recovery and a space to record your individual plan.

Understanding the condition

Midfoot arthritis can cause pain on top or inside the foot, swelling and difficulty walking. It may follow an injury, inflammatory disease or progressive collapse. Standing X-rays and, when appropriate, scans or diagnostic injections help identify the affected joints.

Treatment options

Firm or rocker-soled footwear, insoles, activity modification and appropriate medication may reduce symptoms. An injection can offer temporary relief or help confirm which joint hurts. Surgery is considered when ongoing pain and disability justify its risks.

What a procedure may involve

Fusion removes damaged cartilage from selected joints and holds the bones in an agreed position with screws, plates or staples. Bone graft may be required. Fusing only the necessary joints helps avoid unnecessary loss of movement; deformity may require additional correction.

Risks and benefits to discuss

The intended benefits are pain relief and better stability or alignment. Risks include failure to unite, healing in an unsatisfactory position, wound problems, infection, nerve symptoms, persistent swelling, painful metalwork and blood clots. Graft harvest may cause pain or numbness at the donor site.

Any operation also carries bleeding and anaesthetic risks. Occasionally, complex regional pain syndrome causes prolonged pain and sensitivity. Your health and the extent of surgery change your personal risk.

RECOVERY AND YOUR CONSULTATION

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Use this guidance to prepare your individual plan with the treating team.

Rehabilitation and aftercare

Use walking aids and the prescribed cast or boot. Keep dressings dry and elevate the foot. Loading increases only when your team is satisfied with wound and bone healing. Rehabilitation works on walking, balance and the joints that remain mobile; do not force fused joints to move.

Expected outcomes and recovery

Recovery is measured in months. Footwear may need adjustment while swelling settles. Pain relief can improve everyday walking, although stiffness and difficulty on uneven surfaces may persist. Work and activity goals should be discussed before surgery.

When to seek urgent help

Seek prompt advice for rapidly increasing pain, spreading redness, wound discharge, fever, new numbness or a cast or boot causing pressure. New calf pain or swelling needs urgent assessment. Chest pain or breathlessness needs emergency help: call 999.

Your consent discussion

Ask which treatment best addresses your symptoms, what alternatives are reasonable, what the main risks mean for you, and what recovery will involve at home and work. This guide supports that discussion; consent is completed with your treating team. Your individual written instructions take priority.

Sources and further reading

Royal Orthopaedic Hospital: Midfoot fusion

<https://roh.nhs.uk/services-information/foot-and-ankle/tarsometatarsal-fusion>

Chelsea and Westminster: Midfoot problems

<https://www.chelwest.nhs.uk/your-visit/patient-leaflets/surgery-services/midfoot-problems>

CLINICIAN-COMPLETED WORKSHEET

Your consent discussion

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This blank worksheet is not an executed consent. Complete it after clinical assessment with the treating clinician. The hospital or clinic must also complete its required consent process before treatment.

Patient name / identifier, date of assessment and communication support needed

Diagnosis, affected side / site and the proposed procedure or treatment

Reasonable alternatives discussed, including the option of no treatment

Expected benefit for this patient, limits of treatment and uncertainties

Material risks and personal risk factors - record the risks that matter to this patient

Patient's priorities, questions, understanding and agreed decision / time to consider

Treating clinician name, role and signature / date

Patient / representative name, signature and date - acknowledgement of discussion only

A signature here records a discussion; it does not replace a completed treatment consent form. You may ask further questions or change your decision before treatment.

CLINICIAN-COMPLETED WORKSHEET

Your rehabilitation and aftercare plan

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Complete this plan after assessment. The advice must match your injury or operation, imaging, wound and medical history. Do not start limb loading, remove protection or change medicines using an uncompleted worksheet.

Limb loading / weight bearing, walking aids, sling / cast / boot / brace and protection

Wound / dressing care, bathing, elevation and swelling advice

Medicines, pain relief, clot prevention and any treatment-specific restrictions

Exercises, physiotherapy, range of movement and progression criteria

Work, driving, sport and daily activities - individual restrictions / review points

Review date, imaging / tests, named clinician and routine / out-of-hours contact details

Clinician completing this plan, signature / date and patient questions

When to seek urgent help

Seek prompt advice for rapidly increasing pain, spreading redness, wound discharge, fever, new numbness or a cast or boot causing pressure. New calf pain or swelling needs urgent assessment. Chest pain or breathlessness needs emergency help: call 999.