

ANKLE

Subtalar and hindfoot fusion

Painful hindfoot arthritis or deformity: choosing which joints to fuse and what that means for movement.

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

Understanding the condition

The subtalar joint lies below the ankle and contributes to adapting the foot to uneven ground. Arthritis may follow a heel fracture or other disease. A triple fusion treats three hindfoot joints. Assessment identifies the painful joints and whether deformity is flexible or fixed.

Treatment options

Supportive shoes, insoles, braces, activity changes and suitable pain relief may help. A targeted injection can help clarify the source of pain. Continuing non-surgical care, isolated fusion or a different combination of joints may be reasonable alternatives.

What a procedure may involve

The selected joint surfaces are prepared and fixed in a corrected position with screws or other metalwork. Bone graft may be needed. Fusing the ankle as well as the hindfoot is a more extensive operation and requires a separate discussion of its effects.

Risks and benefits to discuss

Fusion aims to reduce pain and improve stability. It permanently reduces motion in the treated joints, particularly side-to-side movement. Risks include nonunion, malalignment, wound or nerve problems, infection, painful metalwork, blood clots, persistent pain and revision surgery. Bone graft harvest has additional risks.

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

Expect a period of protected mobility. Keep wounds and the cast dry, elevate the foot and attend reviews. Your weight-bearing schedule depends on the joints fused, fixation and healing. Exercises focus on safe movement of unfused joints and later gait, strength and balance.

Expected outcomes and recovery

Improvement takes months and swelling can remain for a prolonged period. Level-ground walking may improve with pain relief, while uneven ground and high-demand activities can remain challenging. A fusion cannot restore joint motion.

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

RNOH: Ankle and hindfoot fusion

<https://www.rnoh.nhs.uk/patients-and-visitors/patient-information-guides/ankle-and-hindfoot-arthrodesis-ankle-and-hindfoot-fusion>

CLINICIAN-COMPLETED WORKSHEET

Your consent discussion

Subtalar and hindfoot fusion

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.