**Midfoot Arthritis**

The midfoot is the middle section of the foot which incorporates the following:

- Tarsometatarsal joints
- Naviculocuneiform joints

There are numerous causes for arthritis in the midfoot which include post traumatic, primary osteoarthritis and rheumatoid arthritis.

Arthritis can either cause deformity or be the result of a deformity. Symptoms are dependent on severity of the arthritis and can range from bony spurs to widespread arthritis to deformity.

The aim of treatment of arthritis in the midfoot is to provide a pain free, well aligned foot which functions well.

**What is the non-surgical treatment?**

- Pre-emptive pain relief
  - Paracetamol
  - Anti inflammatory if tolerated
- Weight loss
- Activity modification- avoid impact exercise
- Trial of chondroitin, glucosamine and fish oil
- Orthotics are very important
  - Medial arch supports reduce joint movement during weight bearing
  - A stiff shank plus arch support further restricts motion
  - Shoe modification with a rocker sole allows reduced load
- Steroid injections can be useful when isolated joints are affected

**What is the surgical treatment?**

Surgery is reserved for when non operative treatment fails.

Surgery is individualized and is dependent on the presence of deformity and additional procedures may be required.

**Mild arthritis with spurs**

- Excision of bone spurs and joint debridement
  - Day surgery
  - Elevation of the foot for 2 weeks
  - Full weightbearing with crutches
  - Back to most activities at 6 weeks
  - Ongoing use of orthotics required
  - Does not ‘cure’ arthritis

**Advanced arthritis**

Joint fusion and bone grafting with deformity correction is the only option. Fusion stops all movement at the joint. The surfaces of the joints are removed. Bone graft is taken from the heel bone through a small incision and packed into the joint to aid in the healing. The deformity is corrected. The joints are then compressed with screws and plates to allow the bones to join together (fuse).
What does the rehabilitation involve?
Rehabilitation is similar for all fusions
• 2 nights in hospital.
• 2 weeks elevation of the foot and rest
• 6 weeks in a cast non weightbearing
• 6 weeks in a boot progressive weightbearing
• Physiotherapy to maintain ankle motion and strength from 6 weeks
• By 3 months managing most daily activities in a shoe with an arch support
• By 6 months back to most recreational activities
• When swelling resolves at 6-9 months a permanent custom orthotic is required.
• 1 year for final result

Will the operation be painful?
Your operation will usually be done under general anaesthetic. To provide ongoing pain relief your anaesthetist will perform a nerve block whilst you are asleep which numbs the foot for 8-16 hours. So when you wake up you will have minimal pain. As the block wears off you will be given oral pain relief.

How long will I be off work?
This is dependent upon your occupation
• Seated job 3-4 weeks
• Standing job 8-12 weeks
• Heavy lifting job 4-6 months

When can I drive?
• Manual car
  o No driving for 12 weeks
• Automatic car
  o Left foot no driving for 2 weeks
  o Right foot no driving for 12 weeks

What are the risks of the procedure?
General risks of surgery
• Infection
• Wound healing problems
• Nerve injury and scar sensitivity
• Incomplete symptom resolution
• Blood clots to the leg
• Anaesthetic problems

Specific risks for joint fusion
• Non union of the fusion (bones not joining). This may require repeat surgery.
• Incomplete correction of deformity
• Development of arthritis in adjacent joints. The movement that has been lost is transferred to adjacent joints.
• Metalware irritation requiring removal

This handout is an overview of the management of midfoot arthritis and is not all inclusive.

If you have any questions regarding this please contact Mr. Curry’s rooms.