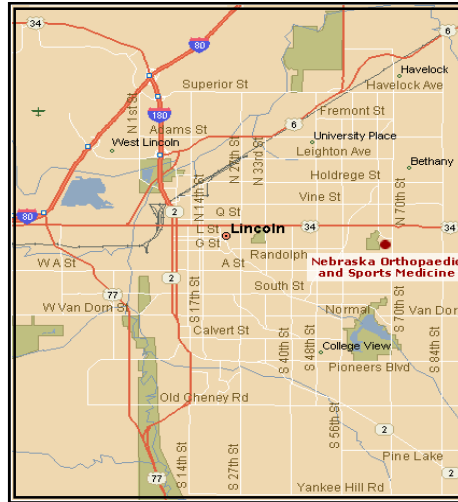


SCOTT A. SWANSON, M.D.



Dr. Scott Swanson is a lifelong resident of Nebraska. Born and raised in Alliance, Nebraska, Dr. Swanson graduated Summa Cum Laude from Creighton University. He graduated with distinction from the

University of Nebraska Medical Center College of Medicine. Dr. Swanson completed his orthopaedic surgery residency at the Creighton/Nebraska combined orthopaedic program. He completed one year of fellowship training in foot and ankle surgery, trauma, and lower extremity reconstruction at the Florida Orthopaedic Institute in Tampa, Florida under the direction of Drs. Roy Sanders, Art Walling, and Michael Clare. His research project, "Clinical Results of the Anatomic Compression Arthrodesis Technique with Anterior Tension Band Plate Augmentation for Ankle Arthrodesis," won first place at the Institute's Annual Research Day. Dr. Swanson was awarded a prestigious traveling fellowship by the AO Foundation, the leading international organization for orthopaedic surgeon education. He studied in Switzerland where he learned novel surgical approaches to complex foot and ankle problems. Dr. Swanson is an avid runner, having completed more than a dozen domestic and international marathons, including the 2002 Boston Marathon.



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# SUBTALAR FUSION

## WHAT YOU NEED TO KNOW



Scott A. Swanson, M.D.



## **INFORMATION ON SUBTALAR FUSIONS**

Normal joints are covered in cartilage (the pearly white substance you see, for example, on the end of chicken bones.) When this cartilage wears off, thru an accident, chronic joint instability, advanced age, or deformity, severe pain develops. This pain is better known as arthritis. The subtalar joint is a complex joint below the ankle joint. Normal function of the joint allows you to walk on uneven surfaces. Arthritis of the subtalar joint is usually the result of previous trauma. Braces, anti-inflammatory medication, injections, weight loss, and activity modification are the first line treatment. When all else fails, surgery is indicated. Unlike the hip or knee joints, there is no replacement for the subtalar joint. A subtalar fusion is designed to permanently stop the pain that movement of the arthritic subtalar joints causes. It can also correct any deformity and collapse that might occur as a result of bone erosion from excess wear.

## **THE PERI-OPERATIVE PROCEDURE**

After you and your surgeon decide that a fusion is the best option for you, the surgeon will explain the standard procedure, any additional surgeries, as well as any complications. After this discussion, the surgeon will have you sign a surgical consent. You will typically need to have a complete history and physical performed by your primary care provider. All medical problems, medications, and allergies will be noted, and any further tests or consultations will be arranged.

Please be aware that these tests and consultations may delay your surgery. Our nurse will arrange the scheduling, provide you with the hospital information, important contact phone numbers and answer any questions you may have. Upon arriving at the hospital the day of your surgery a general anesthetic is usually required. The anesthesiologist may ask you if you wish to have a nerve block to ease the pain of surgery.

Surgery may include an incision on the back part of the leg to lengthen the Achilles tendon, which can be a major deforming force. An additional incision is strategically placed around the foot to allow access to the subtalar joint. The remaining arthritic cartilage is removed, the joint is realigned, and secured with metal screws. Occasionally, a cadaver bone graft is required. The surgery takes 2-2.5 hours. After surgery you will stay in the hospital for one or two nights. Before you leave the hospital you will be able to walk with crutches, a walker, or a "Roll-a-Bout." You will be in a splint that goes up to your knee. You simply keep this clean and dry; no dressing changes are required. You will go home with pain medication, stool softeners, and pills to help ease nausea.

**NOTE: YOU WILL NOT BE ABLE TO PUT ANY WEIGHT ON THAT LEG FOR THREE (3) MONTHS!**

## **POST-OPERATIVE RECUPERATION**

The first post-operative visit is two weeks after surgery. Sutures may be removed at that time, or left in place if the wounds are not completely healed. You will get a short-leg cast, and we will take x-rays to show you what we have done!

You will return in one month (6 weeks after surgery) to get a new cast and x-rays. Any remaining sutures are removed at that time. You will return again in 4 weeks (10 weeks after surgery). If x-rays show that the fusion is healing, you will be prescribed compression stockings for swelling control and placed into a removable boot. You will be prescribed 6 weeks of physical therapy. Your weight bearing will be gradually progressed, and you will be weaned out of the boot. If you have your right side operated on, you cannot drive until you are out of the cast and boot. After completing physical therapy you will return to the clinic, at which point you should have resumed normal shoe wear, and be returning to normal activity!

Typically after the fusion has healed, you should not experience any pain. Walking in a regular shoe should be nearly normal. You can expect to walk for an extended distance, ride bicycles, swim, and golf. Running will not be possible, and you may have some difficulty with uneven ground, steep hills, and going down stairs. Rarely, the metal screws are painful, and can be removed.

As with any surgery, there are significant risks involved. These include, but are certainly not limited to, wound healing problems, infection, and non-union. Diabetes and smoking increase these risks. You may encounter complications or dissatisfaction from the surgery. Discuss these risks before deciding that a subtalar fusion is right for you.