



Emergence Ortho
Blue Ridge Region

Dr. Hedrick's Arthritis Infosheet

Arthritis

What is it? Arthritis is pain in a joint, usually related to aging or as a long-term result of an injury. Symptoms usually include pain, stiffness, and swelling. More information can be found [here](#).

How is it diagnosed? Arthritis is usually diagnosed with x-rays. Sometimes a CT scan will be done to confirm the diagnosis or to help with surgical planning.

How is it treated? Conservation treatment can include anti-inflammatory pills or creams, activity modification, good shoes and/or inserts, and injections into the joint. If those treatments do not provide enough pain relief, there are often surgical options. These options can include fusing a joint (allowing the bones of the joint to grow together, removing motion but relieving pain) or replacing a joint.

Ankle Replacement

Motion at the ankle is important for walking well. While ankle fusions are sometimes required because of severe deformity or other medical conditions, it is usually preferable to do an ankle replacement, which maintains motion at the ankle. You will not necessarily see an increase in your ankle motion from this surgery, but you should maintain the amount of motion you had and should have much less pain.

As part of deciding which surgery is right for you, Dr. Hedrick will get a CT scan to evaluate your ankle and hindfoot. He may need to perform other procedures to allow you to have the best surgical outcome. These additional procedures can include removing old hardware from your ankle, lengthening your Achilles tendon, or fusing the subtalar joint (the joint below your ankle). He will discuss the specific procedures that will be best for you.

Information about the ankle replacement system that Dr. Hedrick uses can be seen [here](#) and a video can be seen [here](#).

Surgery: The surgery will be done with a knee block and general sedation. (General surgery information can be found [here](#).) You will wake up from surgery in a bandage and a boot. The bandage must be kept dry, and the boot must be kept on at all times until you return to the office. You should rest and keep your foot elevated most of the time for the first week. After surgery, you will be toe-touch weight bearing, which means you must keep as much weight as possible off of the operative leg. You may touch your toes down to the floor for balance and may rest it on the floor when sitting, but do not transfer your weight onto the leg. You must use a walker, crutches, wheelchair, or knee scooter at all times, no matter how short the distance.

First post-operative appointment (10-14 days after surgery): Your dressing, stitches, and staples will be removed. You will be returned to your cam boot and will continue toe-touch weight bearing for four more weeks. You may remove the boot for sleeping, bathing, and sitting, but the boot should be on any time you are moving around. You must use a walker, crutches, wheelchair, or knee scooter at all times, no matter how short the distance.

Second post-operative appointment (6 weeks after surgery): X-rays will be taken of your ankle. You may advance to full weight bearing in the cam boot but should still limit your activities to only simple, necessary actions. You can still use your crutches, walker, wheelchair, or knee scooter for longer distances.

Third post-operative appointment (9 weeks after surgery): X-rays will be taken of your ankle. As soon as swelling and discomfort allow, you may transition to regular shoes with a special ankle brace (ASO). You will wear the ASO most of the time for three weeks.

Fourth post-operative appointment (12 weeks after surgery): X-rays will be taken of your ankle. As soon as swelling and discomfort allow, you may transition to regular shoes with a special ankle brace (ASO). You will wear the ASO most of the time for three weeks.

Fifth post-operative appointment (14 weeks after surgery): X-rays will be taken of your ankle. You will transition out of the ASO brace. Physical therapy may be done. You can see progress for up to one year after an ankle replacement.

First MTP Joint Fusion

Big toe arthritis is surgically corrected by allowing bones of the joint at the base of the big toe to grow together. The toe will no longer bend at this joint, but you should not have arthritis pain there. After a fusion, you will still be able to walk, hike, and do light aerobic activity. You will be unable to wear shoes with heels higher than 1 ½" since your foot will no longer bend at this joint.

Surgery: This is an outpatient surgery that is done under an ankle block and light sedation (general surgical information can be found [here](#)). You will wake up with a bandage and a post-op shoe on your foot. Leave these in place at all times until you return to Dr. Hedrick's office. The bandage must be kept dry. You should rest and keep your foot elevated for the first week. When you are comfortable doing so, you may put all your body weight on the operative foot, which is protected by the post-op shoe.

First post-operative appointment (10-14 days after surgery): Your dressing and sutures will be removed. You may now shower over the incision, but you should not soak the foot in a bathtub or pool. It is essential that you wear the post-op shoe any time you stand and walk in order to protect the big toe joint while the bone is growing together. You may remove the post-op shoe for sleeping or bathing. You should keep the foot covered with a clean, dry sock.

Second post-operative appointment (6-7 weeks after surgery): X-rays of your foot will be taken to assess how well the bone is fusing. Eight weeks after surgery, you may transition to a firm, roomy shoe if you are comfortable doing so. You should still restrict your activity to simple walking around while the bone continues to heal. You should not go barefoot.

Third post-operative appointment (9-10 weeks after surgery): X-rays of your foot will be taken to assess how well the bone is fusing. You may continue to advance wearing regular shoes. You should still restrict your activity and avoid impact exercises until 12 weeks after the surgery. After 12 weeks, you may gradually return to full activity. It is normal to have swelling for many months after the surgery.

Midfoot and Hindfoot Fusions

Arthritis of some joints of the midfoot and hindfoot can be treated with fusions (allowing the bones of the joint to grow together, removing motion but relieving pain), and sometimes more than one joint will be fused at the same time. Dr. Hedrick will usually order a CT scan to get as much information as possible about the extent and degree of your arthritis.

Surgery: Midfoot fusions are done as outpatient surgery under light sedation and an ankle block (general surgical information can be found [here](#)). Hindfoot fusions are done as outpatient surgery with a knee block and general sedation.

For both midfoot and hindfoot fusions, you will wake up from surgery in a bandage and a boot. The bandage must be kept dry, and the boot must be kept on at all times until you return to the office. You should rest and keep your foot elevated most of the time for the first week. You will be toe-touch weight bearing, which means you must keep as much weight as possible off of the operative leg. You may touch your toes down to the floor for balance, and may rest it on the floor when sitting, but do not transfer your weight onto the leg. You must use a walker, crutches, wheelchair, or knee scooter at all times, no matter how short the distance.

First post-operative appointment (10-14 days after surgery): Your dressing, stitches, and staples will be removed. You will be placed in a fiberglass cast and will continue toe-touch weight bearing for three weeks. The cast must be kept dry.

Second post-operative appointment (5 weeks after surgery): Your cast will be removed, and x-rays will be taken of your foot. You will be placed in another fiberglass cast for three weeks, but may transition to full weight bearing as soon as you are comfortable doing so. The cast must be kept dry. You should still limit your activity. You can still use your crutches, walker, wheelchair, or knee scooter for longer distances.

Third post-operative appointment (8 weeks after surgery): Your cast will be removed, and x-rays will be taken of your foot. You will advance to full weight bearing in the boot you wore immediately after surgery. You may remove the boot for sleeping, bathing, and sitting, but the boot should be on any time you are standing or walking for three weeks. You should still limit your activity. You can still use your crutches, walker, wheelchair, or knee scooter for longer distances.

Fourth post-operative appointment (11 weeks after surgery): X-rays will be taken of your foot. As soon as swelling and discomfort allow, you may transition to regular shoes.

Fifth post-operative appointment (14 weeks after surgery): X-rays will be taken of your foot. You can continue to advance the types of shoes you wear and gradually return to your regular activities. It is normal to have swelling for many months after the surgery. It is expected that you have stiffness at the joint that was fused.