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1st Metatarsal-Tarsal Fusion/Lapidus Procedure

1st Metatarsal-Tarsal fusions are performed to correct severe, unstable bunion deformities as well as help stabilize flatfoot deformities. If discomfort persists or deformity increases despite conservative treatment, then surgery needs to be considered. The goal of surgery is to correct the bunion deformity, stabilize the foot, decrease pain, and better align your foot.

Surgery

The main goal of your surgery is to improve the alignment of your foot, get the best possible relief of your pain, and cause as little of an inconvenience to you and your family as possible.

Your foot surgery is done at the Hospital for Special Surgery which is located at 535 East 70th Street between York and the river. It is usually done as an outpatient procedure. You will arrive at the hospital the day of surgery. The type of anesthesia used is either an epidural (spinal) where an anesthetic block is administered which numbs below the waist or a nerve block which numbs the entire foot/ankle area. You will speak to the anesthesiologist prior to surgery and can be as sedated as you would like. You will have an intravenous (IV) running throughout the procedure.

Do not eat or drink anything after midnight the night before surgery. You may take your high blood pressure medications with a small sip of water. Stop all aspirin, Ibuprofen, Advil, Motrin, Aleve, Naprosyn or any other Nsaids-non-steroidal anti-inflammatories one week before surgery. These medications thin your blood and may delay bone healing. Celebrex/Mobic should be stopped 1 week prior to surgery. If you take Prednisone or any other steroid, the dosage should be reduced as much as it is safely possible as steroids delay wound and bone healing. Any Rheumatoid Arthritis medication such as Enbrel, Remikade, or Methotrexate should be stopped 1-2 weeks before and after surgery. If you take a blood thinner such as Coumadin, please let us know and we will speak to your primary care physician about safely stopping it.

Swelling and Elevation

You should spend the first 10-14 days after surgery elevating your operative leg. This means you keep your toes above your heart or at the level of your nose 90% of the time. You may get up to use the restroom and eat your meals but the majority of the postoperative period should be elevating your leg. This elevation helps decrease pain, decrease swelling, and therefore decrease the risk of infection. Your foot will begin to throb, swell, and become more painful if you are not elevating it enough.

Crutches/Walker/Roll-A-Bout

Most fusion surgeries require you to be non weight bearing in a cast for the first approximately **8** weeks after surgery. This means you will use crutches or a walker to keep all your weight off the operative ankle. The Roll-A-Bout device is a 4 wheeled walker that you can order which may be easier depending on your lifestyle needs.

Pain Control (see Post Operative Medication instruction sheet attached)

In the first 48-72 hours after surgery, you should take your pain medication every 4-6 hours. Do not take your pain medication on an empty stomach. You may be given a prescription medication, Vistaril (Hydroxyzine Pamoate), which may be taken with your pain medications to decrease nausea caused by the pain medications. You should take Advil 200mg-400 mg every 4-6 hours for the first **3** days after surgery. After postop day 3, do not take Advil, Ibuprofen, or any other NSAIDs (non steroidal anti-inflammatories) because these medications may delay bone healing.

Anti-Depressant Medication

SSRI Anti-Depressant Medications have an adverse affect on bone healing. If possible, please take the lowest and safest dosage of SSRI meds. If you would like us to speak to your prescribing doctor, please call the office.

Bathing

It is crucial that your splint remain dry and intact during the first 2 weeks after surgery. We recommend a "bird bath" for the first 2 weeks. You may also obtain a plastic cast covering called Seal Tight (purchased at your local surgical supply store) to cover your dressing so you can sit and shower. If your splint gets wet please call and come in for a splint change.

Blood thinner/Coumadin Therapy

If you are obese, have a history of blood clots/phlebitis, smoke, or take hormone replacement therapy, you may be at a higher risk for a post operative blood clot due to the use of a cast. Your medical doctor and Dr. Deland may put you on an Aspirin daily, Coumadin therapy (a blood thinner), or daily Lovenox injections to prevent a post operative blood clot. If you are on Coumadin, you will need to have a blood test done 1-2 times a week to monitor the dosage of Coumadin. Your medical doctor will follow these blood tests post operatively.

Patient Contact

If you would like to speak to a patient who has had similar surgery, please call or email Kristine in the office,

Vitamin D Level

A normal Vitamin D level is imperative for good bone healing after surgery. Your Vitamin D level will be checked prior to surgery. It is recommended you take over the counter Vitamin D3 1000mg 1-2 daily after surgery.

Scar Healing (see Scar Healing handout)

Once cast is removed, you may use silicone gel strips, Vitamin E, Cocoa butter, etc. for scar healing.

Physical Therapy

Physical therapy for upper body strengthening is fine postoperatively, however, we will delay formal PT until a few weeks after surgery for the operative leg. We will teach you exercises to do on the operative foot when it is appropriate. You will start formal Physical Therapy after surgery for range of motion exercises and eventually strengthening and conditioning.

Shoe wear

After approximately 10-14 weeks after surgery, you can start progressing to wearing a sneaker. Sometimes swelling lasts for up to 9-12 months so a wider, larger size sneaker may be necessary. Usually by 16-20 weeks after surgery, you can progress to a shoe.

Stainless steel hardware

Metatarsal-tarsal fusion surgeries require the use of stainless steel screws, which stay in permanently unless they begin to bother you. Some of the hardware placed at the time of surgery for extra fixation may need to be removed in the first few months after surgery. The pins or screws removed a few months after surgery will require a small procedure at HSS. Postop recovery requires keeping the area dry for 2 weeks. You can weight bear in a sandal after the hardware is removed. This hardware may or may not set off airport alarms. You can obtain an airport hardware card in the office.

Dental work after surgery

Due to the hardware in your foot, you will need prophylactic antibiotics an hour before any dental procedures the first 6 months after surgery. After 6 months, pre dental work antibiotics are not necessary.

Work

If you have a sit down job you may return to work 10-14 days after surgery. Jobs that require standing or moving around should be returned to later and we can discuss this. Commuting to work on a crowded subway, train, or bus is not recommended while you are non weight bearing.

Driving

If your surgery is done on the right foot, we do not allow driving for 10-12 weeks. If the left side is operated on, you may drive after 3-4 weeks.

Complications

With any type of a surgery there is a small chance of a wound infection. If a wound infection does occur we will treat you with the appropriate antibiotics. After surgery, you may feel some stiffness in your foot and ankle. We will teach you exercises to decrease this stiffness and increase your overall foot and ankle motion.

Surgical correction of your Bunion deformity should give you substantial relief. We are committed to your receiving excellent care. If you have any questions or problems, do not hesitate to call Kristine Viscovich, Nurse Practitioner or Dr. Jonathan Deland at 212-606-1665 or e-mail viscovichk@hss.edu

1st Metatarsal-Tarsal Fusions

Post Operative Visits	First Visit 12-14 days after surgery	Second Visit 7 weeks after surgery	Third Visit 10 weeks after surgery	Fourth Visit 14-16 weeks after surgery
Treatments	<p>You will be seen by the Nurse Practitioner, Kristine</p> <p>Stitches/staples will be removed</p> <p>You will remain non weight bearing in a fiberglass cast below your knee for the first 6 weeks after surgery</p> <p>Use crutches/walker. Roll-a-bout</p>	<p>You will be seen by Dr. Deland and Kristine</p> <p>CT Scan is done in a cast at HSS. The cast is then removed.</p> <p>Non weight bearing foot x-ray is done.</p> <p>If CTscan and x-rays show good healing and your nontender on your physical exam, you will be placed in a removable boot/camwalker, Usually, weight bearing starts at 8-10 weeks after surgery.</p>	<p>You will be seen by Dr. Deland and Kristine</p> <p>Partial weight bearing foot x-ray is done</p>	<p>You will be seen by Dr. Deland and Kristine</p> <p>Weight bearing foot x-ray</p> <p>You may have temporary pins taken out in the office or in the Hospital for Special Surgery. Stainless steel screws usually stay in unless they bother you.</p>