



A. Holly Johnson, MD
Assistant Attending Orthopedic Surgeon
Foot and Ankle Specialist
523 East 72nd Street
New York, NY 10021
Tel: 212-606-1204
Fax: 212-774-2905

FAQ Midfoot Fusion

What is midfoot arthritis?

Midfoot arthritis is when the cartilage of the small joints within the midfoot becomes worn down and painful. This can also be associated with a bone spur on the top of your foot, caused by bones rubbing together yielding osteophyte formation.

How midfoot arthritis diagnosed?

Midfoot arthritis can be seen on x-ray and is usually the first thing we looked at. During a foot and ankle exam, you may be quite tender over the arthritic joints and/or where there may be a bone spur.

How is midfoot arthritis treated without surgery?

Rest and elevation
Anti-inflammatories
Physical therapy
Cortisone injections
Shoe modification such as hard soled shoes and shoes that are soft on the top

How is midfoot arthritis treated surgically?

Midfoot arthritis is treated surgically by preventing motion in the affected joints through a midfoot fusion. A fusion involved removing the damaged cartilage and using metal plates/screws to hold the fused bones in place. These joints do not have a lot of motion even when they are not arthritic, so your activity level and gait are largely unaffected by the procedure once you recover.

What is the recovery time for a midfoot fusion?

After surgery you will be in a splint for two weeks. At your first post-op appointment, sutures and splint will be removed and you will leave in a CAM boot. You will begin to move the ankle joint and toes. You will not be able to put weight onto the foot for a total of 8-10 weeks after surgery. You will remain in the boot for about 12-14 weeks after surgery and will continue to increase your activity at that point.

Is physical therapy necessary after surgery?

Yes. Physical therapy is necessary after surgery to regain motion of the ankle, break up scar tissue, and to decrease swelling. You may find that you have some muscle weakness after surgery so regaining your strength is also important. A physical therapist will also help you with your gait and balance. This is typically started 4-6 weeks after the procedure and is continued until your goals are met.

What are the risks of surgery?

All surgery has some inherent risks.



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Bone healing: If the bones do not heal (nonunion) we may have to perform the surgery again. Smoking, early weight bearing, and diabetes increase this risk.

Infection: While very rare (<1%), if this occurs you would need antibiotics and perhaps further surgery.

Blood clots: Also very rare (1%). Please inform us if you have a personal or family history of blood clots, as this can increase your risk.

Numbness: Patients should expect some mild numbness around their incisions that typically goes away after a few weeks. Occasionally some numbness may persist. This should not affect your activity, cause any discomfort, or cause shoe wear issues.

Does the metal hardware come out eventually?

The metal can remain in your foot forever without causing any harm. We only take the hardware out if it bothers you or there is a strong personal preference. Hardware removal requires a minor procedure in the operating room once the bone is fully healed, typically 6-12 months after the original procedure.

What type of anesthesia is used?

Most of our procedures are done with a nerve block (regional anesthesia) while you are in a twilight sleep. The anesthesiologist will perform the popliteal fossa block in the operating room once you are asleep. It will numb your leg from the knee down. This is typically a long-acting block that may last 24-48 hours. On rare instances this can last as long as 3 days. This is done for pain control and comfort during and after the procedure.

We may also do an epidural, or "spinal," in addition to the medication behind the knee. This will numb you from the waist down during the procedure and wears off in the recovery room.

You will meet with your anesthesiologist the day of surgery to discuss what type of anesthesia will be performed in more detail.

Do I have to stay overnight?

No. Most of our surgeries are ambulatory. You typically come in 2 hours before your procedure and stay about 1-2 hours after the procedure. Please leave the whole day open.

What medications are prescribed after the procedure?

Pain: Ibuprofen (600mg every 6 hours) and Tylenol (650mg every 6 hours), strictly for 3 days to reduce the need for opioid medication. You will have a prescription for 5-15 tablets of 5mg oxycodone, depending on the procedure. Refills are not given. Our goal is to reduce your need for opioid medication. Most patients do not require opioids past post-op day 3. Taking opioids for 4 days or more increases your risk of addiction.

Anti-nausea medication: Zofran 4mg to be taken as needed every 8 hours.

Constipation: Colace 100mg 3x/day, as needed, for constipation after anesthesia and with opioid use. In some cases, we add Senna to be taken twice daily, only as needed.

Bone health: Calcium citrate and Vitamin D3 should be taken daily for 1-3 months after surgery.



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Blood clot prevention: Aspirin 325mg daily for 2-6 weeks after surgery. If you have a history of blood clots in your family or you are at high risk for blood clots, we may give you a different medication.

Your medications will be sent to your pharmacy after the procedure. If you wish to have your medications prescribed before the surgery, you will need to contact the physician assistant at least one week prior and provide reasoning for receiving your medications early. This is important, as you will be prescribed opioid medications, which are a controlled substance.

What can I use to make my life easier after surgery and can I buy it ahead of time?

Recovering after surgery is hard. There are multiple things we can recommend to help make it slightly better:

Knee Scooter: If Dr. Johnson chooses the formal bunion correction for you, you will not be able to weight onto your foot for 6-8 weeks. Having a scooter will make this much easier. If you would like to rent one you can go to www.kneewalkercentral.com or call 855-973-3978. Alternatively you can buy one online on websites such as Amazon.

I-walk: A small population do well with something called an I-walk. This looks like a pirate's peg leg and straps to your lower leg. You put your weight through your knee. This allows you to more easily do things like stairs and have your hands free.

“Even Up”: If you are given a boot or a heel wedge shoe, you may feel uneven on the opposite leg. You can purchase an Even Up online to use on the opposite foot over the shoe. This is especially helpful to prevent hip or knee pain due to being unbalanced.

Shower bag/cast bag: For either procedure you will need to keep your foot dry for 2 weeks after the procedure. You can do this by putting a cover over your dressing. You may purchase this at any pharmacy or online.

Shower Chair: If you do not have a bench in your shower/bath, you may purchase or rent a shower chair so you can sit as you bathe.

Walker/crutches: This is usually provided for by the physical therapist after your procedure in the recovery room.

Will someone call me after my procedure?

Yes. You will get a call from the hospital the day after surgery and from the physician assistant (PA). If the hospital gives you instructions that do not align with what Dr Johnson or her PA discuss with you, please use our instruction instead. The hospital will be giving you general guidelines, but we are more specific to you as a patient and to your surgery.

How do I safely dispose of my medication after surgery if I have some left?

It is important that left over pain medication is removed from the home and safely discarded. Most pharmacies, hospitals, and police stations participate in the “take back program” that for safe drug disposal. If you would like to find a disposal location close to you, please visit:

<https://www.deadiversion.usdoj.gov/pubdispsearch>

Alternatively if you have a couple of pills left, you may separate them out of the bottle and mix them in cat litter or coffee grounds. Do not flush the medication because they get in the water supply. Please also do not throw them out in the bottle as people may go through your garbage.



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Should I ice after surgery?

Yes. Icing after surgery is important. Initially, you may not be able to ice through the dressing, as it will be rather thick. You can try icing behind your knee to get some cooling effect down to your foot/ankle. When you return for your first post-op appointment, we will remove the dressing for you and you will be able to ice. Please remember the 20min on and 20min off rule for icing.

Can I adjust my dressing?

No. Please keep your dressing on and do not adjust. Keep it clean and do not allow it to get wet. Be careful to make sure the shower bag fits appropriately to decrease the risk of damaging your dressing.

How much do I need to elevate?

Elevation in the first two weeks is extremely important. Reducing swelling helps in pain control and making sure your incisions heal. We typically recommend elevating 80% of the time during the first week and 50% of the time the second week. Placing your leg on 2-3 pillows should be sufficient.

What is considered "normal" after the procedure?

Swelling, pain, and bruising are all normal after surgery. You may notice swelling and bruising travel into the toes, even on toes we did not operate on. This swelling will go up and down depending on how much you elevate. You may have good days and bad days. Try to limit your activity. The bruising may also change location or color. This is normal. A small amount of drainage is also normal after surgery. If your dressings have soaked through or do not stop draining, please call the office.

I put weight onto my foot by accident. Did I hurt the surgery?

Accidents happen. If you are told to not put weight onto your foot please refrain from doing so. If you by accidently fall off your scooter or there is some situation where you by accidently put weight onto your foot, you may have increased pain and swelling. If this does not go away after a day or two please call the office. The likelihood that one event has hurt your surgery is unlikely.

My foot is red or purple when I keep it down, but then goes away when I elevate it. Do I have an infection?

Most likely no. Due to increased swelling your foot may become a different color, usually purple or red, when you put your foot down up to 6-8 weeks after surgery. This is usually accompanied with increase pain and the feeling of blood rushing to your foot. Because you are not moving your foot normally, the veins are not allowing proper return of the blood up the leg. The discoloration should go away once you elevate your foot. If this does not resolve when you elevate your foot, or you have associated fever, chills, warmth of the foot, or drainage of incision sites, please call the office.

I already have crutches/walker at home. Should I bring this with me to surgery? What about a scooter?

Yes you may bring these with you to surgery. Either way, a physical therapist from the hospital will evaluate you the day of surgery to ensure that you have the correct assistive devices.

If you have a scooter we do not recommend bringing this with you to surgery as you may be too unsteady immediately after the procedure to use it safely. Please leave the scooter at home. You may use the scooter as soon as you feel comfortable and steady after the procedure.



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I think I will need help after surgery. Who do I contact to make sure I get what I need at home?

If you live at home alone or feel you may need extra assistance after surgery, we are here to help! We will help you contact an HSS social workers/case manager before surgery to help make sure you have the care you need after surgery. Please ask the office how to arrange this.

Is it possible to see a physical therapist before surgery so that they can teach me how to be non-weight bearing and how to go up/downstairs?

Yes. This is incredibly important if you have never been non-weight bearing before or have a lot of stairs. This will be discussed with you prior to surgery and one-time prescription will be given. This can be done close to your home or we have a walk-in clinic on the 2nd floor of the main hospital.

How do I know what time is my surgery and where to go?

Someone from the main hospital will call you the day before surgery with all of this information, usually between 2pm-7pm. They will tell you where to go, what time to be there, what to bring/what not to bring, and what time you will have to stop eating/drinking.

We operate at both the main hospital and the ambulatory center. Please refer to the addresses below.

Please wear comfy sweatpants to surgery as it will be easier to place over your dressing.

I have a problem after surgery, who do I call?

Please call the office at 212-606-1204 if there is a problem. If it is after hours, this will be directed to the Emergency Line and will be fielded to Dr. Johnson, the physician assistant, or a foot and ankle Fellow.

IMPORTANT NUMBERS:

Dr. Johnson Main Office: 212-606-1204
My HSS Portal Help Desk: 844-269-4509

IMPORTANT ADDRESSES:

Dr. Johnson's office: 523 E 72nd street, 6th floor, NY, NY, 10021
Main Hospital (Hospital for Special Surgery): 535 E 70th street, NY, NY, 10021
Ambulatory Center: 1233 2nd Ave, NY, NY, 10065