

Peroneal Tendon surgery

Surgery is performed under general anaesthetic. The stay is usually one night. The procedure takes between 60-90 minutes. An ankle arthroscopy may be performed at the same time as the peroneal tendon surgery to allow the ankle to be inspected and cleaned.

Technique

An 8cm incision is made on the outer side of the ankle just behind the fibula, running along the length of the peroneal tendons. If the retinaculum holding the tendons in place is damaged this will be repaired. The tendons are inspected and any tendon damage is repaired. The fibula is assessed to determine whether it needs to be re-shaped to hold the tendons in place. The skin is then stitched and a below knee backslab applied.

Risks

All surgery carries potential risks. The risks are minimised by having the surgery meticulously performed by an expert in foot and ankle surgery. Risks include

Pain, swelling, and bruising - will occur to some degree following all foot and ankle surgery

Infection - approximately 2% in our unit

Blood clots (thrombosis) - treatment to reduce this risk will be provided if required

Numbness - usually improves over time

Stiffness - this improves over time and helped by physiotherapy

Scar sensitivity - can be improved with scar massage

Incomplete improvement - occasionally symptoms will be improved but remain present to a small degree. Recurrent injuries can also occur

Discharge advice following Peroneal Tendon Surgery

Dressings

Your leg has been dressed with a plaster backslab to give it support. This dressing should not be changed until you are seen at your first follow-up appointment after 2 weeks. The plaster must be kept clean and dry.

Elevation

It is very important that you rest as much as possible and keep your foot elevated for the first 48 hours after surgery. Try to avoid letting it hang down when sitting as this will lead to swelling and pain. This is most apparent within the first 2 weeks but swelling may occur for up to 6 months after surgery, especially after sitting or standing for long periods. In bed, put the foot on a pillow.

Analgesia

You will receive a prescription for pain medication on discharge. Pain is often due to swelling, and this is eased by rest and elevation of the foot.

Walking

You will need to walk without putting any weight on the foot for 2 weeks. A physiotherapist will show you how to use crutches. After this you will be supplied with a removable boot that has Velcro straps. You will then be able to walk in the boot during the day

and put all your weight on it. This is worn for 4 weeks. You can take the boot off at night.

Follow-up

You will be seen approximately 2 weeks when the plaster and sutures will be removed. You will be placed in a walking boot in which you can walk in. You will be seen again 4 weeks later and if all is well will be referred to the physiotherapists and you can discard the boot. You will need a small ankle support during the next 6 weeks and this will be provided. This can be worn inside trainers and these should be brought to the 6 week appointment. You will be seen at 3 months for a final check.

Driving

You should not drive a manual car for 6 weeks following surgery. After this you should start gradually, to see if you are comfortable. It normally takes a few days to feel confident. If you have an automatic car and have only had the left foot operated upon then you may drive after 2 weeks.

Work

If you have an office based job then it may be possible for you to return after 2 weeks however it is more advisable to return after 6 weeks. If you have a more physical job then it may take 8-12 weeks.

Recovery

It often takes 6 months for all swelling to resolve and so minor swelling late in the day is not unusual and should not be a cause for concern. It will take 6 months to return to full sporting activity.

For more information please contact us:

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