

## Tibialis Posterior Tendon Reconstruction Surgery (stage 2 disease)

Surgery is performed under general anaesthetic. The stay is usually 2 nights. The procedure takes 2 hours. The aim of surgery is to realign the heel and replace the function of the tibialis posterior tendon that is not working.

### Technique

Two incisions are made on the inside and the outside of the foot. Through the outer incision, the heel bone is cut, moved across, and fixed with a screw. Through the inner incision, the diseased tendon is removed, and another tendon moved into its place to help re-crete the arch of your foot. The tissues are stitched and a below knee half plaster cast is then applied while you are still asleep.

### 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

**Delayed or non-union** - the non-union rate (bones not healing together) is approximately 5% and is higher in people who smoke.

**Foot position** - although the foot position and your symptoms will be improved, there may still be some residual deformity that may require you to wear an insole.

### Discharge advice following tibialis posterior tendon reconstruction

#### 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

A physiotherapist will have shown you how to use crutches. You should not put any weight on the foot for at least 2 weeks.

#### Follow-up

You will be seen approximately 2 weeks when the plaster and sutures will be removed. At this stage a full fibreglass cast will be applied and you will be able to start putting a little weight through the foot. You will be seen again after 6 weeks when you will have an X-ray. If all is progressing well, you will start to take more weight on the foot. You will then be seen 12 weeks after the surgery. The foot will require immobilising for a total of 12 weeks.

#### Driving

You should not drive a manual car for 12 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 12 weeks. If you have a more physical job then it may take 16-20 weeks.

#### Recovery

It often takes up to 12 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.

For more information please contact us:

info@bfaclinic.co.uk  
or visit [www.bfaclinic.co.uk](http://www.bfaclinic.co.uk)