

Mr Keith Winters MBChB, FRACS (Orth)

Specialist Orthopaedic Surgeon

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Post op Instructions: Tibialis Posterior Reconstruction (with or without calcaneal osteotomy)

Recommended appliances for after your surgery:

- Crutches, walking frame or knee scooter for help mobilising. Please bring to Hospital on day of surgery.
- Ice bag
- Shower Stool
- Bed Cradle
- Extra pillows (to raise foot/leg when seated or laying down)
- Leg lifter (for those with little quads strength)

What is a tibialis posterior reconstruction?

The tibialis posterior tendon is one of the major stabilising structures in the foot. It runs behind the bump on the inside of the ankle (the medial malleolus) and across the instep where it inserts. The main functions of the tendon are to support the arch and keep the foot turned inwards when walking. In most cases, the reconstruction involves the tendon itself being repaired and then strengthened by using another tendon, the flexor digitorum longus (FDL). This tendon lies alongside the tibialis posterior at the ankle and bends the small joints of the toes. Other tendons help to carry out this function and so the tendon is not really missed when it is used.

To improve the biomechanics of the tendon transfer the heel bone is moved towards the inside of the foot (calcaneal osteotomy)

Are there any risks?

Complications during and following this procedure are unusual. However, they can include:

Haematoma: A build up of blood within the operated area, which can be painful and may require surgical drainage.

Deep vein thrombosis (DVT): The development of blood clots in the legs carries a very low risk. Certain types of oral contraceptive ("the pill") may increase this risk and may need to be stopped before your surgery. If after your surgery you notice a tight, painful, red, warm area in your calf, see your GP as soon as possible or attend an emergency department. Please also inform Mr. Winters' rooms.

Infection: Signs and symptoms of an infection of the joint or wound sites include:

- Spreading redness
- Increased swelling
- Increased heat to touch
- Increased pain causing difficulty mobilising
- Oozing and/or odour from the wound

If your wound becomes red, swollen or very tender, or develops a discharge, please contact your GP and also advise Mr. Winters' rooms.

Nerve damage: Damage to the skin nerves over and around the wound site can occur, leading to small areas of numbness.

PTO...

What happens after surgery?

At the end of the operation, Mr. Winters will apply a back slab. This is a cast that goes around your lower leg with a gap down the centre to allow for swelling. You will have it on for approximately 2 weeks. It must remain completely dry and you must NOT put weight on the operated side.

Before you leave the hospital, you will receive a prescription for pain relief. If you know of a specific drug that you do not tolerate well, please let our staff know as soon as possible so that you may be prescribed an alternative. You should continue to take this pain relief medication as directed when the local anaesthetic wears off and then as necessary.

When will I be able to put weight on my foot?

You will not be able to weightbear for 8 weeks after surgery. Your back slab will be removed after approximately 2 weeks and you will then have a full cast applied (there is an additional cost for this). This stays on for 6 weeks. After the cast is taken off, you will then be able to put weight on your foot. Please bring a shoe with you at your 8 week appointment.

Will the foot be swollen?

Some swelling is to be expected for the first few weeks; this is temporary. The best results are obtained if the foot is elevated higher than the heart. Keep in this position for at least 15 minutes. Repeat as often as possible. This is absolutely crucial during the first 2 weeks.

Using ice can help to reduce swelling but **you must ensure the bandages do not get wet**. The more you ice your foot, the quicker the swelling will go down. As the swelling reduces, so may your ice applications.

Whenever you sit down to rest, put your foot up to help with swelling. Continue to elevate your leg on some pillows when you sleep, only stopping this when there is no more swelling in the ankle, foot or toes.

How long will I be off work?

Most people return to office type work after 2 weeks, if they are able to attend work with crutches. People with more physically strenuous jobs will need longer, possibly up to three months.

When can I drive?

You will be able to drive after approximately 8 weeks (cast removed) if the operation is performed on your left foot and you drive an automatic car. If the operation is performed on your right foot or you drive a manual car, you will not be able to drive for approximately 3 months after surgery. Do not drive until you are pain-free and feel able to drive safely, (i.e. perform an emergency stop safely and effectively). It is your responsibility after an operation to check with your insurance company whether you are covered to drive.

When will I be seen again?

Mr. Winters or his Podiatrist will usually see you in a post-operative clinic between 2 & 3 weeks after your surgery. This can sometimes take place in a different location to where you had your surgery, so please check with his rooms. You will then be seen again 8 weeks after your surgery.