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POTENTIAL COMPLICATIONS OF FOOT & ANKLE SURGERY

Why is there a risk of complications?

Mr Winters aims to reduce the risks of any surgical procedure to an absolute minimum. Despite this, there is a risk, as with any surgery, that complications can occur. Should a complication occur, this will be identified promptly and dealt with, in order to minimise the effects on the outcome of your surgery. These potential complications are detailed below.

Infection & wound healing problems

There is a risk of infection and wound problems with any surgical procedure. The risk is increased in smokers, diabetics and patients on medicines that suppress the immune system. We use the latest techniques to reduce the risk of infection to an absolute minimum. These include hand washing, ultra-clean operating theatres and the latest sterilisation techniques for all procedures. If infection should occur, this will be treated with antibiotics. If the infection or wound problem is severe, it may be necessary to re-operate to clean the wound and to give antibiotics by injection. Should infection occur around metal implants or joint replacements, it may be necessary to remove the implant to successfully fight the infection.

The foot of the skin can be thin in areas. If wound breakdown should occur, it can be difficult to achieve wound healing. In more straightforward cases, simple regular dressings are all that is required. Rarely, should a severe wound breakdown occur, plastic surgery in the form of skin grafts may be needed to achieve satisfactory healing.

Damage to other structures

In the foot there are numerous small structures such as arteries, nerves, veins and tendons. There is a risk of damage to any of these during foot surgery. Should this occur the surgeon will identify and repair the damage at the time of operation. If nerve damage occurs, this can cause numbness or a tender neuroma. If blood vessels are damaged, particularly to the lesser toes, there is a risk that the toe may not survive, necessitating amputation, although this is very rare.

Bleeding and haematoma

The majority of foot and ankle operations are performed with a tourniquet around the upper part of the leg to prevent bleeding during the surgery. The volume of blood loss is therefore usually minimal. There is a small risk of bleeding after the surgery. The foot should therefore be elevated in the first 24 hours after surgery to reduce any bleeding and swelling. There is a small risk of a collection of blood occurring called a haematoma – this may require surgical drainage.

Swelling

A degree of swelling occurs after most surgery. It is important to elevate the leg in the post-operative period to minimise this, particularly if a plaster cast has been applied. The amount of swelling that occurs after surgery is often unpredictable but in general is worse if larger procedures are carried out. It can take six to twelve months for swelling to fully settle, although swelling will gradually reduce during this time.

Slow healing of bone

When a bone is cut (osteotomy) or a fusion is performed (arthrodesis) it takes time for the bone to heal. In general, this takes between six and twelve weeks, depending on the type of surgery performed. X-rays are taken regularly in the post-operative period to ensure the bone heals. If the bone takes longer than this to heal, it may be necessary to have a further period in plaster. If the bone fails to heal, known as a non-union, it may be necessary to re-operate. The risk of this is significantly increased in patients who smoke. If re-operation is needed, it may be necessary to take bone from the top of the pelvis and place this into the non-union. Re-fixation of the bone is then needed.

Blood clots

All surgery to the leg carries a risk of blood clots. These can either be localised in the leg, known as a deep vein thrombosis, or rarely can break off and travel to the lungs. This is known as a pulmonary embolus and in the most severe cases can be life-threatening.

To reduce the risks of blood clots, we advise elevation, early mobilisation and occasionally the use of compression stockings. In higher risk patients, we may consider using Clexane injections or Rivaroxaban tablets to thin the blood. If necessary, you may require these to be given for up to three months. This will be discussed with you in more detail when the surgery is proposed. Should a blood clot occur, it is treated with a six to twelve week course of blood thinning tablets. The risk of blood clots in foot and ankle surgery is low and most patients do not require any specific preventative measures, although the risk is slightly higher in patients treated in plaster casts.

Incomplete correction of deformity

We always strive for the best result when correcting any deformity. In more severe deformities, particularly if long-standing, it may not be possible to achieve a full correction, particularly if secondary deformities are present.

Recurrent deformity

We will always choose the operation that gives the best chance of correcting any deformity. Despite this, there is always a risk that deformity can recur. Particularly when correcting foot or toe deformity, recurrence can occur despite a good initial surgical correction. This may occur as a result of contraction of scar tissue, or as a result of the effects of other problems in the foot. If the recurrence is severe, it may be necessary to undergo further surgery.

Over-correction of deformity

In rare cases, over-correction can occur. This may occur as a result of contraction of scar tissue. Occasionally further surgery may be needed.

Incomplete relief of pain

The aim of surgery is always to reduce pain. In the majority of cases, results are excellent and the pain that is suffered pre-operatively is significantly reduced or cured. With painful foot conditions, there is a risk of incomplete resolution of pain. Particularly when treating arthritis, it is recognised that despite successful surgery to treat the painful joint, nearby joints that are also affected by arthritis can become painful. If troublesome, then these too may require surgery.

Long-term pain

Any injury to the body, whether it is due to trauma or surgery, can result in a condition known as Complex Regional Pain Syndrome. This is a condition characterised by swelling, pain and stiffness of the affected area. It is treated in conjunction with the Pain Clinic. Treatment of this condition involves rigorous physiotherapy and the use of painkilling injections and local nerve blocks.