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**CALCANEAL AND 1<sup>ST</sup> METATARSAL OSTEOTOMIES, PERONEAL RECONSTRUCTION,**  
**PERONEUS LONGUS TO BREVIS TRANSFER**

**INTRODUCTION**

Calcaneal osteotomy surgery with peroneal reconstruction aims to realign the heel and improve the function of the peroneal tendons with reconstruction and/or transfer techniques. 1<sup>st</sup> metatarsal osteotomy surgery with peroneal longus to brevis transfer aims to correction the position of the 1<sup>st</sup> metatarsal and realign the forefoot. Tendon transfers involves releasing one end of a tendon and reattaching it to another tendon.

**SURGERY**

Calcaneal and 1<sup>st</sup> metatarsal osteotomies, peroneal reconstruction with peroneal longus to brevis transfer surgery has a number of steps. These include:

- i. general anaesthetic, intravenous antibiotics
- ii. stab incision along the outside of the foot
- iii. realignment of the heel bone and fixation with two screws (calcaneal osteotomy)
- iv. incision over 1<sup>st</sup> metatarsal
- v. realignment of 1<sup>st</sup> metatarsal using staples and/or plates
- vi. exposure and identification of the tendons
- vii. repair and/or transfer of the tendons
- viii. closure of tendon sheath
- ix. closure of wound with stitches/sutures
- x. infiltration of local anaesthetic
- xi. application of plaster back slab

**RISKS OF SURGERY**

All surgical procedures carry some risk. The risks of complications with calcaneal and 1<sup>st</sup> metatarsal osteotomies, peroneal reconstruction with peroneal longus to brevis transfer surgery is low (in the vicinity of 20%). Some of the risks of surgery include:

- Infection
- Problems with wound healing that may require antibiotic treatment, readmission to hospital, further surgery including plastic surgery and/or other treatments
- Nerve injury causing pain, numbness tingling and/or pins and needles
- Ongoing pain
- Complex regional pain syndrome
- Scarring and stiffness
- Deep venous thrombosis/pulmonary embolism. (The risk of DVT increases with smoking, the oral contraceptive pill and hormone replacement therapy, immobility and obesity).
- Insufficient blood flow resulting in loss of toes, foot or limb
- Drug allergy / anaphylaxis
- Further surgery
- Anaesthetic complications including heart attack, stroke and death

**GUIDELINES FOR EXPECTED POST OPERATIVE RECOVERY**

Keep dressings dry and intact until post operative appointment. Keep foot elevated as much as possible, especially for initial 72 hours.

Removal of stitches/sutures: 10-14 days at first post operative appointment.

Pain killers may be required for up to 6 weeks.

Xarelto tablets (to reduce the risk of deep venous thrombosis): 14 days.

Protected weight bearing: 6 weeks

- 2 weeks touch weight bearing in back slab on crutches
- 4 weeks weight bearing as tolerated in AirCast walking boot

Commence physiotherapy: 6 weeks. Return to most activities: 6 months. Full recovery up to 12 months.

Every patient's recovery is individual and depends on the severity of the pathology and the complexity of the surgery.

**ANY PROBLEMS**

During office hours contact Dr Wines' office on (02) 9409 0563. After hours please contact the hospital where your surgery was performed.