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EXCISION OF ACCESSORY NAVICULAR WITH RE-ATTACHMENT OF TIBIALIS POSTERIOR TENDON

INTRODUCTION

An accessory navicular is an extra bone that is on the inner center arch of the foot. Although usually painless, some people with an accessory navicular develop irritation, pain and discomfort around the bone. Surgical excision may be required when symptoms continue despite non-operative treatments. Excising the prominent bone may require the reattachment of the tibialis posterior tendon.

The tibialis posterior tendon runs down the inside of the ankle and attaches to the middle of the foot. The tendon functions to maintain the height of the arch of the foot and to pull the foot inwards.

THE SURGERY

i. nerve block, general anaesthetic, intravenous antibiotics.
ii. incision over accessory navicular and excision of the bone.
iii. exposure of the tendon.
iv. reattach tendon to bone using stitches and/or screws.
v. closure of tendon sheath.
vi. closure of wound in layers, with stitches.
vii. infiltration with local anaesthetic.
viii. application of plaster back slab.

RISKS OF SURGERY

All surgical procedures carry some risk. Fortunately, the risk of complications with excision of accessory navicular and reattachment of the tibialis posterior tendon surgery is relatively 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 foot elevated as much as possible, especially for initial 72 hours. Keep dressings dry and intact until post operative appointment.

Removal of stitches/sutures: 10-14 days

Pain killers may be required for up to 2 weeks.

Xarelto (to prevent deep venous thrombosis): for 6 weeks (adults only)

Protected weight bearing: 6 weeks

- 2 weeks touch weight bearing in back slab on crutches or a knee scooter
- 4 weeks in an AirCast weight bearing as comfortable

Commence range of motion ankle exercises: 2 weeks. Commence physiotherapy: 6 weeks

Return to non-weight bearing activities e.g. swimming: 2 weeks. Return to most activities: 6-18 weeks. Full recovery: Up to 6 months.

Every patient's recovery is individual and depends on the severity of the preoperative symptoms, the complexity of the surgery and the patient's risk factors.

ANY PROBLEMS

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