

# **DR ANDREW WINES MBBS FRACS (Orth) FAOrthA**

## **Adult and Paediatric Orthopaedic Surgeon**

### **Foot, Ankle and Trauma Surgery**

#### **EXCISION OF TARSAL COALITION**

##### **INTRODUCTION**

A tarsal coalition is an extra connection between two bones in the foot. The most common extra connections are between the talus and calcaneus bones and between the calcaneus and the navicular bones. In some cases, the extra bony connections results in abnormal biomechanics of the hindfoot resulting in pain. If the connection is found before the development of osteoarthritis, the extra bone can be removed, resulting in significant symptomatic improvement.

##### **THE SURGERY**

Excision of a coalition involves a number of steps. These include:

- i. General anaesthetic and intravenous antibiotics.
- ii. Incision over extra bone.
- iii. Removal of extra bone.
- iv. Insertion of CSI screw if required to improve the alignment of the foot.
- v. Check x ray
- vi. Closure of wound with stitches.
- vii. Infiltration with local anaesthetic.

##### **RISKS OF SURGERY**

All surgical procedures carry some risk. Fortunately, the risk of complications with coalition 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
- Recurrence/regrowth of the coalition
- 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.

Weight bearing as tolerated in post operative shoe or walking boot. Crutches may be required.

Resumption of most activities: 12 weeks.

Full recovery: 6 months.

Every patient's recovery is individual and depends on the severity of the injury 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.