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PERONEAL RECONSTRUCTION/TRANSFER AND CALCANEAL OSTEOTOMY

INTRODUCTION

Peroneal reconstruction/transfer and calcaneal osteotomy surgery aims to realign the heel and improve the function of the peroneal tendons with reconstruction and/ or transfer techniques.

Tendon transfers involve releasing one end of a tendon and reattaching it to another tendon

SURGERY

Peroneal reconstruction/transfer and calcaneal osteotomy surgery has a number of steps. These include:

- i. general anaesthetic, intravenous antibiotics
- ii. incision along the outside of the foot
- iii. realignment of the heel bone and fixation with two screws (calcaneal osteotomy)
- iv. exposure and identification of the tendons
- v. repair and transfer of the tendons
- vi. closure of tendon sheath
- vii. closure of wound with stitches/sutures
- viii. infiltration of local anaesthetic
- ix. application of plaster back slab

RISKS OF SURGERY

All surgical procedures carry some risk. The risks of complications with peroneal repair/ transfer and calcaneal osteotomy surgery are 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.

Pain killers may be required for up to 6 weeks.

Xarelto tablets (to reduce the risk of deep venous thrombosis): for 6 weeks

Protected weight bearing:

- Back slab plaster for 2 weeks following surgery
- 4 weeks in AirCast walking boot with weight bearing as tolerated

Commence physiotherapy: 6 weeks. Return to most activities: 4-6 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.