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PERONEAL TENDON STABILISATION

INTRODUCTION

The peroneal tendon maintains balance in the ankle and prevents twisting injuries of the ankle. Injury to the ankle can cause the peroneal tendon to slip out of position, causing pain, swelling, ankle weakness and instability. If the tendon continues to slip out of position surgery to stabilise or repair the tendon is indicated.

THE SURGERY

Peroneal tendon stabilisation surgery has a number of steps. These include:

- i. general anaesthetic, intravenous antibiotics.
- ii. incision over the line of the tendon
- iii. exposure of the tendon.
- iv. creation of a groove in the fibula bone to house the tendon.
- v. placement of screws to attach tendon into position.
- 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. Fortunately, the risks of complications with peroneal tendon reconstruction 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
- Recurrent instability
- 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 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.