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Foot, Ankle and Trauma Surgery

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. The risks of complications with peroneal tendon reconstruction surgery are low. Some of the risks include:

- Infection
- Problems with wound healing
- Recurrent instability
- Stiffness
- Nerve injury causing numbness, tingling and/or pins and needles.
- Deep venous thrombosis/pulmonary embolism. (The risk of DVT increases with smoking, the oral contraceptive pill and hormone replacement therapy, immobility and obesity).
- Anaesthetic complications
- Drug allergy
- Ongoing pain

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 at the first post operative appointment, at 10-14 days.

Pain killers may be required for up to 6 weeks. Antibiotics for up to 2 weeks. Clexane injections (to reduce the risk of deep venous thrombosis): 10-14 days.

Weight bearing:

Crutches will be required post operatively.

- 10-14 days in back slab touch weight bearing
- 4 weeks in Aircast walking boot with weight bearing as tolerated.
- A plaster or boot needs to be worn in bed for the first 6 weeks.

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 0500.

After hours please contact the hospital where your surgery was performed.