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TIBIALIS POSTERIOR & FDL TENDON TRANSFERS FOR FOOT DROP

INTRODUCTION

Injury to the common peroneal nerve can result in foot deformity and foot drop. Tibialis posterior tendon and flexor digitorum longus tendon transfers aim to restore foot function reduce discomfort and produce a more normal way of walking.

THE SURGERY

Tibialis posterior tendon and FDL transfer surgery has a number of steps. These include:

- i. general anaesthetic, intravenous antibiotics.
- ii. numerous incisions over the foot and the leg.
- iii. lengthening of the Achilles tendon
- iv. exposure and harvesting of tendons.
- v. tendon transfers and insertion into bones using sutures and/or screws.
- 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 tibialis posterior tendon and FDL transfer surgery are low. Some of the risks include:

- Infection
- Problems with wound healing
- 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 and deformity

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, usually: 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 plaster back slab with touch weight bearing
- 4 weeks in Aircast walking boot with partial weight bearing
- A plaster or boot needs to be worn in bed for the first 6 weeks.

Commence physiotherapy: 6 weeks. Return to most activities: 6-9 months. Full recovery can take 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.