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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 (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
- On going foot drop
- 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 prevent deep venous thrombosis): for 6 weeks

Protected 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

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 0563. After hours, please contact the hospital where your surgery was performed.