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Foot, Ankle and Trauma Surgery

TIBIALIS ANTERIOR TENDON REPAIR

INTRODUCTION

The tibialis anterior tendon attaches the muscle along the front of the lower leg that pulls the ankle upwards. The tibialis anterior tendon can tear partially or rupture fully as the result of trauma or degenerative changes. Repair of the tendon aims to restore the normal walking pattern, to correct foot deformity and reduce pain.

THE SURGERY

Tibialis anterior tendon reconstruction surgery has a number of steps. These include:

- i. general anaesthetic, intravenous antibiotics.
- ii. incision over the top of the foot.
- iii. exposure of the tendon.
- iv. tendon repair/ transfer using sutures and/or screws.
- v. closure of tendon sheath.
- vi. closure of wound with stitches/sutures
- vii. infiltration of local anaesthetic.
- viii. application of plaster back slab.

RISKS OF SURGERY

All surgical procedures carry some risk. Fortunately, the risks of complications with tibialis anterior tendon 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
- Recurrence and over correction of the deformity
- Re-rupture
- 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.

Xarelto tablets (to prevent deep venous thrombosis): for 6 weeks

Pain killers may be required for up to 6 weeks.

Protected weight bearing:

- Crutches will be required post operatively.
- 10-14 days in back slab touch weight bearing
- 4 weeks in AirCast walking boot weight bearing as tolerated

Commence physiotherapy: 6 weeks. Return to most activities: 6-9 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.