Riverside Health

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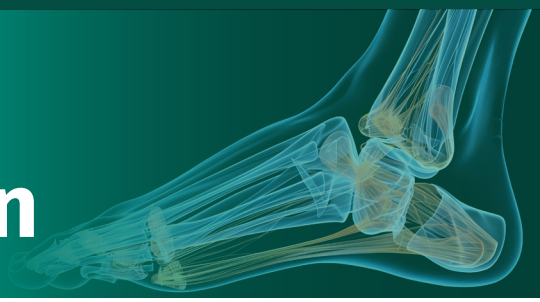
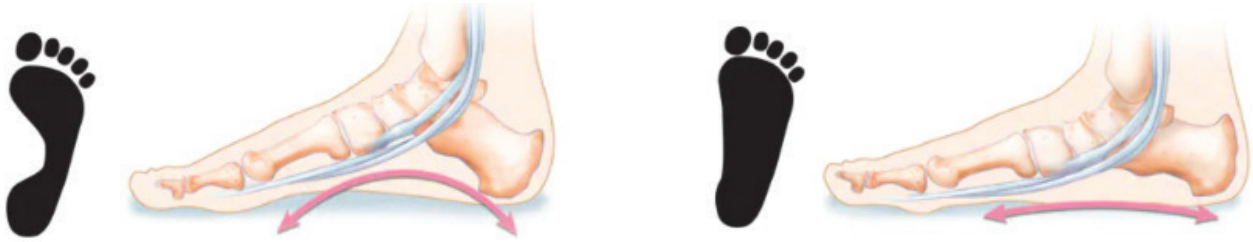
FAQ Flatfoot Reconstruction

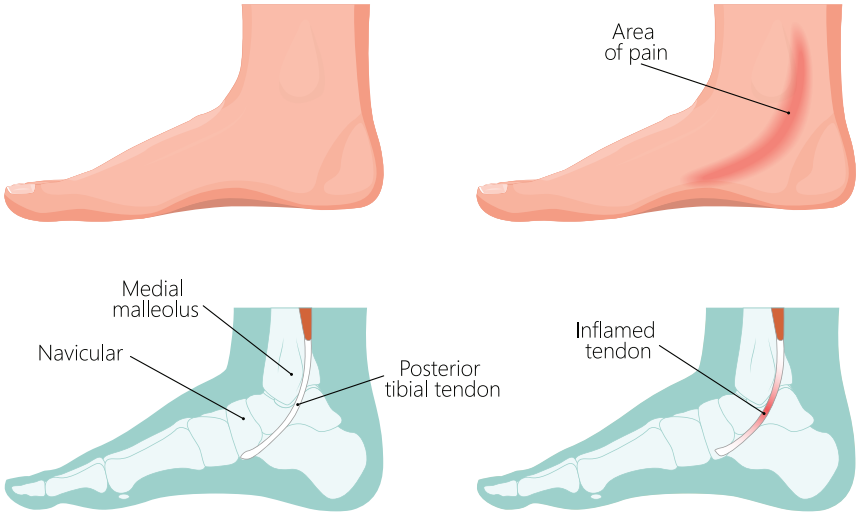


What is a flatfoot?

Flatfoot deformity is a common condition in which the arches on the inside of the feet flatten when pressure is put on them. When people with flatfeet stand up, the feet point outward, and the entire soles of the feet fall and touch the floor.



Flatfoot deformity can occur when the arches don't develop during childhood. It can also develop later in life after an injury or from the simple wear-and-tear of a tendon and the structures on the inner aspect of the foot and ankle.



The flatfoot deformity is usually painless. If you aren't having pain, no treatment is necessary. However, if it is causing you pain and limiting what you want to do, then an evaluation from a specialist may be warranted.

For more information, visit FootCareMD.org
American Orthopaedic Foot & Ankle Society

riversideonline.com/ortho
757-534-9988

How is a flatfoot treated without surgery?

- Anti-inflammatory medications when painful
- Physical therapy
- Orthotics and bracing
- Shoe modification

How is a flatfoot reconstruction performed surgically?

Flatfoot reconstructions can involve a number of different procedures, based on a patient's individual foot. The physical exam and imaging studies are key to determining the surgical procedures. Below is a list of different procedures. During your pre-op discussion, we will inform you which of these will be performed on your foot.

Calcaneal osteotomy: The hindfoot is realigned through a cut in the heel bone. The back portion is shifted over into a new position and held in place with screws.

Lateral column lengthening: This realigns the midfoot. An osteotomy, or cut, in the heel bone is performed and a metal or bone wedge graft is placed inside the osteotomy. This offloads the inside part of your foot.

Tendon transfer: This procedure is performed to strengthen the posterior tibial tendon (PTT), which lies on the inside part of your ankle. The FDL and FHL tendons lie very close and can be transferred to strengthen the PTT. The FDL is almost always used for this procedure. You will not lose function of your foot as there are other tendons that perform similar functions to the FDL.

Cotton osteotomy: This is performed to realign the midfoot and help recreate the arch. A metal or bone graft wedge is placed inside the osteotomy.

Gastrocnemius recession or Achilles tendon lengthening: This procedure assists in ankle motion and offloads excess pressure on the Achilles tendon. One to three small incisions are made in the back of the calf or ankle.

What is the recovery time for a flatfoot reconstruction?

After surgery you will be in a splint for two to three weeks. At your first post-op appointment, the sutures and splint will be removed, and you will be placed into a short leg cast for about four weeks. You will not be able to put weight on the foot for about six to ten weeks based on the procedures that were performed and how you do in the recovery process. X-rays will be taken to determine when you may begin to bear weight. You will start wearing a boot when you begin weight bearing.

Is physical therapy necessary after surgery?

Yes. Physical therapy is necessary after surgery to regain motion, break up scar tissue, and to decrease swelling. You may find that you have some weakness after surgery so regaining your strength is also important. A physical therapist will also help you with your gait and balance. This typically starts six weeks after surgery and is continued until your goals are met.

Are inserts, or orthotics, needed after surgery?

Yes, support for your new arch is needed. Using the inserts, typically about six months to a year after surgery, is very helpful for the healing process and also provide additional comfort for you while rehabilitating. These are typically prescribed about eight to twelve weeks from the procedure and about the time you start wearing supportive sneakers.

What are the risks of surgery?

All surgery has some inherent risks. While relatively rare in ankle fracture, we feel it is important to inform our patients of possible complications.

Bone healing: If the bones do not heal (nonunion) we may have to perform the surgery again. Smoking, excessive activity and weight-bearing early on after surgery, and diabetes increase the risk.

Over correction or under correction: While rare, these complications can occur and may require additional surgery.

Infection: Rare (less than 1%), if this occurs you will need antibiotics and perhaps further surgery.

Blood clots: Rare (1%). Please inform us if you have a personal or family history of blood clots.

Numbness: Patients should expect some mild numbness around the incisions that typically goes away after a few weeks. Occasionally some numbness may persist. This should not affect your activity, cause any discomfort or cause shoe wear issues.

Hypertrophic bone: Sometimes your bone is making such an effort to heal the surgery that your body over produces bone. This may require another surgery to shave down the excessive bone to make shoe wear more comfortable.

Recurrence: Rare early on however, depending on your age, risk over a lifetime can be as high as 20%.

Continued pain: Surgery is not 100% guaranteed to resolve all your pain. We will continue to evaluate and monitor you throughout the postoperative period. Our goal, as is yours, is to get back to all your preoperative activity pain-free.

Does the metal hardware come out eventually?

The metal can remain in your foot forever without causing any harm. As we often use metal wedges for some of the procedures, we would not plan on any removal. We only take the screw hardware out if it bothers you or there is a strong personal preference. Hardware removal requires a procedure in the operating room once the bone is fully healed. This is often six to twelve months after the original procedure.

Do I have to stay overnight?

No. These surgeries are outpatient. You typically come in about two hours before your procedure and stay about one to two hours after the procedure. Please leave the whole day open.

What type of anesthesia is used?

Most of our procedures are done with a nerve block (regional anesthesia) while you are in a twilight sleep. First, the anesthesiologist will sedate you and then perform the nerve block. It will numb your leg from the knee down. This will typically last about 24 hours but on rare occasions can last as long as three days. This is done for pain control and comfort during and after surgery.

You will meet the anesthesiologist on the day of surgery to discuss what type of anesthesia will be performed.

What medications are prescribed for after the procedure?

Medications will be reviewed in detail at the preoperative appointment. You will receive a short course of opioids. We recommend that you transition over to Tylenol and anti-inflammatories within a week after surgery.

What can I use to make my life easier after surgery and can I buy it ahead of time?

Recovering after surgery is hard. There are multiple things we can recommend to help make it slightly better:

Knee scooter: This is often helpful but is not typically needed after the minimally invasive procedure. Please be aware that not all insurances pay for this. We can check during your preoperative appointment. You can purchase this through Amazon.com but you may want to check with family and friends to see if they have one to borrow.

"Even-up": If you were given a Cam boot or a shoe with a large heel you may feel uneven on the opposite leg. You can purchase an even-up online to use on the opposite foot over the shoe.

Shower bag/cast bag: For any procedure you will need to keep your foot dry for the first few weeks postoperatively. You can do this by putting a cover over your dressing or splint / cast. You can purchase this at any pharmacy or online.

Shower chair: If you do not have a bench in your shower/bath you may purchase or rent a shower chair. We can also check with your insurance at the preoperative appointment.

Wedge pillow: It is highly recommended you use this about 80% of the time during the first few weeks after surgery.

Walker/crutches: These will be provided after preoperative appointment.

Should I ice after surgery?

Yes. You will not feel the ice through the dressing or the splint so in the initial post-op period try icing behind the ankle or behind the knee. When you return for the first post-op appointment, we will remove the dressing and you will be able to ice. Icing four to five times a day for about 20 minutes at a time is recommended.

Can I adjust my dressings/splint?

No. Please keep your dressing/splint on and do not adjust. Keep it clean and do not allow it to get wet. Be careful to make sure the shower bag fits appropriately to decrease the risk of damaging the dressing.

If you are concerned that the splint may be too tight or causing pain, please call to let us know.

If the dressing looks like it is loose, this is a strong sign that you are too active and you need to slow down! If it comes off, you MUST come in for a dressing change.

How much do I need to elevate?

Elevation in the first few weeks is extremely important. Reducing swelling helps pain control and making sure incisions heal well. We recommend elevating 80% of the time during the first two weeks. Placing your leg on two to three pillows should be sufficient, but the higher the better. You may also be given a wedge pillow to help elevate.

What is considered normal after the procedure?

Swelling, pain and bruising are all normal after surgery. The swelling will go up and down depending on how much you elevate. You may have good days and bad days. Try to limit your activity. The bruising may also change location or color. This is normal. A small amount of drainage is also normal after surgery. If your dressings have soaked through or do not stop draining, please call the office.