DR SIMON ZILKO
ORTHOPAEDIC FOOT + ANKLE SURGEON

Accessory Navicular Excision

INTRODUCTION

An accessory navicular, also called an *os naviculare* or *os tibiale externum*, is an extra piece of bone on the inner part of the midfoot. It is a normal anatomical variant, thought to be present in up to 12% of people. It starts out as cartilage, but as it ossifies with age it can create a prominent bump on the side of the foot which can cause pain with shoes or activities. The accessory navicular is attached to the tibialis posterior tendon, which is an important tendon for maintaining the arch of the foot. The accessory navicular can be associated with a normal foot posture, or sometimes with a flatfoot (per planus). If an accessory navicular becomes inflamed and irritable, sometimes surgical excision is necessary.

THE SURGERY

This particular surgery is often called the *Kidner procedure*.

The surgery involves a number of steps:

- General anaesthetic, nerve block and IV antibiotics
- Tourniquet around the thigh
- Incision over the lump on the inside of the foot
- Removal of the accessory navicular bone from the tibialis posterior tendon
- Shaving down any prominent navicular bone
- Re-attaching the tibialis posterior tendon to the normal navicular bone
  - In some cases with a flatfoot, a subtalar arthroereisis screw is inserted into the sinus tarsi to realign the hindfoot
- Check X-rays and closure of incisions with sutures
- Local anaesthetic block
- Surgical camboot (VACOcast)

GUIDELINES FOR POST-OP

HOSPITAL ADMISSION

- In hospital for 1 night

FIRST 2 WEEKS

- Elevate foot and rest
- TOUCH-WEIGHTBEARING only in surgical boot
- Mobilise with knee scooter/crutches/frame
- Boot and dressings to stay dry and intact
- Strong painkillers as required
- Aspirin 100mg & Vitamin C 1g per day
- Wiggle toes to encourage circulation

2 WEEK POST-OP APPOINTMENT

- Review by nurse & removal of dressings and sutures

WEEKS 3-6

- WEIGHTBEARING AS TOLERATED in boot
- Surgical boot on at ALL times, including in bed, except for physio/exercises & showers (seated with shower chair)
- Elevate foot when resting
- Continue Aspirin & Vitamin C
- Physiotherapy review (arrange first appointment for 2-5 days after the 2-week post-op check)
- **PHYSIOTHERAPY:**
  - Commence WBAT
  - Gentle active ankle plantarflexion/dorsiflexion and toe flexion/extension - *NO eversion*
  - General upper body, core, hip and knee exercises
  - Soft tissue massage and scar mobilisation

6 WEEK POST-OP APPOINTMENT

- X-ray and review by Dr Zilko

WEEKS 7-12

- **PHYSIOTHERAPY:**
  - Wean out of boot into normal supportive gym shoes
  - Passive and active ROM of ankle and foot joints
  - Tibialis posterior activation and strengthening
  - Gait re-training
  - Exercise bicycle in boot/normal shoes
  - NO open chain impact exercises
  - Continue lower limb strength and conditioning

12 WEEK POST-OP APPOINTMENT

- X-ray and review by Dr Zilko

FROM 12 WEEKS

- **PHYSIOTHERAPY:**
  - Continue lower limb strength and conditioning
- **PODIATRY:** New orthotics with small medial hindfoot post and medial arch support may be needed

Full recovery is usually 3-6 months.

Every patient's recovery is individual and depends on the severity of the injury/disease and complexity of the surgery.

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