

Peroneal Tendon Repair & Calcaneal Osteotomy

INTRODUCTION

One or both of the peroneal tendons (peroneus brevis and peroneus longus) can develop partial or complete tears which result in lateral ankle pain and dysfunction. This most commonly occurs in people with an inverted heel, which increases the stress on the tendons. Peroneal tendon repair or transfer with calcaneal osteotomy aims to re-align the heel bone, improve the peroneal tendon function and reduce lateral ankle pain.

THE SURGERY

Peroneal tendon repair/transfer and calcaneal osteotomy surgery involves several steps:

- General anaesthetic and IV antibiotics
- Tourniquet around the thigh
- Incision along the outside of the ankle
- Re-align the heel bone & fixation with 2 screws
- Exposure of the peroneal tendons
- Repair and/or transfer of the tendons
- Closure of the tendon sheath/peroneal retinaculum
- Closure of incisions with sutures
- Local anaesthetic block
- Surgical camboot (VACOcast)

GUIDELINES FOR POST-OP RECOVERY

HOSPITAL ADMISSION

- In hospital for 1 night, IV antibiotics

FIRST 2 WEEKS

- Elevate foot and rest
- Strictly **NON-WEIGHTBEARING** in surgical boot
- Mobilise with knee scooter/crutches/frame
- Boot and dressings to stay dry and intact
- Strong painkillers as required
- Aspirin 100mg and Vitamin C 1g per day
- Antibiotics for 5 days
- Wiggle toes to encourage circulation

2 WEEK POST-OP APPOINTMENT

- Review by nurse & removal of dressings and sutures

WEEKS 3-6

- Continue **NON-WEIGHTBEARING** in boot
- Surgical boot on at **ALL** times, including in bed, except for rehab exercises & showers (seated with shower chair)
- Mobilise with knee scooter/crutches/frame
- Elevate foot when resting
- Continue Aspirin and Vitamin C
- Podiatry/physiotherapy review (arrange first appointment 2-5 days after 2-week post-op check)
- **REHAB - PODIATRY/PHYSIOTHERAPY:**
 - Joint mobilisation, soft tissue manipulation, nerve desensitisation
 - Gentle active ankle plantarflexion/dorsiflexion and toe flexion/extension
 - **NO** inversion/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

- **PODIATRY/PHYSIOTHERAPY:**
 - Commence full weightbearing as tolerated and transition to a normal supportive shoe
 - Passive and active ROM of ankle & foot joints
 - Peroneal activation and strengthening
 - Gait re-training
 - Exercise bicycle in boot/normal shoes
 - **NO** open chain impact exercises
 - Continue lower limb strength and conditioning
- **ORTHOTICS:** New orthotics with small lateral hindfoot post and minimal medial arch support

12 WEEK POST-OP APPOINTMENT

- X-ray and review by Dr Zilko

FROM 12 WEEKS

- **PODIATRY/PHYSIOTHERAPY:**
 - Continue lower limb strength and conditioning

Full recovery is usually 9-12 months.

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