

Tarsal Coalition Excision

INTRODUCTION

A tarsal coalition is an abnormal connection between two bones in the foot. The most common abnormal connections are between the talus and calcaneus bones, and the calcaneus and navicular bones. In some cases the extra bony connections result in abnormal biomechanics of the hindfoot, resulting in pain. If the connection is found before the development of arthritis, the extra bone can be removed, resulting in significant symptomatic improvement in most patients.

THE SURGERY

Excision of a tarsal coalition involves a number of steps:

- General anaesthetic and IV antibiotics
- Tourniquet around the thigh
- Incision over the abnormal bone
- Removal of the abnormal bone
- Interposition with soft tissue transfer
- Check X-ray
- Closure of incision with sutures
- Local anaesthetic block
- Surgical camboot (VACOcast)

GUIDELINES FOR POST-OP RECOVERY

HOSPITAL ADMISSION

- Most patients go home on the day of surgery

FIRST 2 WEEKS

- Elevate foot and rest
- Full weightbearing as tolerated in surgical boot
- Surgical boot on at all times (including in bed and shower)
- Crutches for balance and support
- Dressings to stay dry and intact
- Strong painkillers as required
- Aspirin 100mg and Vitamin C 1g per day

2 WEEK POST-OP APPOINTMENT

- Review by nurse & removal of dressings and sutures

WEEKS 3-6

- Once comfortably full weightbearing in the boot, can transition to normal supportive shoes
- Elevate foot when not walking
- Daily scar massage from 3 weeks post-op
- Physiotherapy review (arrange first appointment for 2-5 days after the 2-week post-op check)
- **PHYSIOTHERAPY:**
 - Commence active and passive range of movement exercises - ankle and subtalar complex
 - Lower limb strength & conditioning
 - Gait re-training

6 WEEK POST-OP APPOINTMENT

- Review by Dr Zilko

FROM 6 WEEKS

- Return to normal activities as tolerated
- Sport/running from 8-10 weeks post-op

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.