

Flatfoot (Stage II) Reconstruction

INTRODUCTION

The tibialis posterior tendon runs down the inside of the ankle and attaches to the middle of the foot. The tendon functions to maintain the height of the arch and to pull the foot inwards (inversion). Once the tendon becomes dysfunctional, the height of the arch drops and the heel turns outward (valgus). This leads to a progressive adult-acquired flatfoot, which results in pain and swelling on the inside of the ankle, and with time on the outside of the foot as well. Left untreated, the joints of the hindfoot (subtalar, talonavicular and calcaneocuboid joints) become painful and arthritic. The surgery can involve multiple procedures depending on the specific nature of your foot.

THE SURGERY

A stage II flatfoot reconstruction surgery can include:

- General anaesthetic, nerve block and IV antibiotics
- Tourniquet around the thigh
- Achilles tendon lengthening
- Calcaneal osteotomy: realignment of the heel bone (calcaneum) and internal fixation with two screws
- Subtalar arthroereisis: insertion of a screw into the sinus tarsi to realign the hindfoot OR
- Lateral column lengthening: lengthening of the heel bone with a bone graft wedge and plate fixation
- Tibialis posterior tendon debridement
- FDL tendon transfer to midfoot to pull the arch up
- Midfoot osteotomy: realignment of the arch with a medial cuneiform bone cut and fixation with staples
- Check X-rays and 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 and Clexane injections

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 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

- **PARTIAL-WEIGHTBEARING** in boot
- Surgical boot on at **ALL** times, including in bed, except for physio/exercises & showers (seated with shower chair)
- Mobilise with knee scooter/crutches/frame
- Elevate foot when resting
- Aspirin 100mg per day
- Physiotherapy review (arrange first appointment for 2-5 days after the 2-week post-op check)
- **PHYSIOTHERAPY:**
 - Commence partial WB *up to 30kgs* as tolerated
 - 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

- **PHYSIOTHERAPY:**
 - Transition to full weightbearing and wean out of boot into normal supportive gym shoes
 - Passive and active ROM of ankle and foot joints
 - FDL/Tib Post 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

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.