### Flat Foot Reconstruction Surgery

### Flat foot reconstruction surgery is carried out to relieve pain and restore function in people whose foot arches are very low and where orthotics have not helped. Problems may be caused by a deformity, damage to the tendon that supports the arch or arthritis in the joints around the heel.

## What does it involve?

The procedure is usually done under a general anesthetic with an injection in the foot to numb it and reduce pain after the operation. In most cases you will stay overnight in hospital.

During surgery, three incisions (cuts) are made in the foot and the painful, damaged tendon on the instep is removed and replaced with another tendon (the flexor digitorum longus tendon or FDL). This is known as tibialis posterior tendon reconstruction.

A procedure known as calcaneal osteotomy is usually carried out at the same time; this involves making a cut in the heel bone so that it can be repositioned and fixed with a metal screw. Repositioning the heel bone helps improve support to the foot arch. The surgeon may also place a metal plate at the top of the foot to increase the arch. You will be able to discuss these procedures with your specialist beforehand.

## Recovery

## **Immediately after surgery:**

* Your foot will be in a plaster cast to the knee, numb and pain free
* You will be sent home only when you are comfortable. You will be given a follow-up appointment and painkillers if required

**During the first few weeks :**

* Elevate your foot (raise it above your heart) as much as possible to reduce swelling
* You will be referred to a physiotherapist who will a give you a personalized rehabilitation programme and advise on how to keep weight off your leg
* Move around only when you need to, for example to wash or use the toilet. Don’t put weight on the operated leg
* Some blood ooze can be expected in the bandage; however, if you are worried, contact the Fortius Clinic for advice
* Avoid smoking and taking anti-inflammatory medications as this may delay or even prevent the bones from fusing together

## Follow-up appointments

Everyone is different, so healing and post-operative programmes vary from person to person. However, the schedule of follow-up appointments below is typical:

* One week- the wound will be checked, X-rayed and you will be fitted with a new cast or boot
* Six weeks - the foot will be X-rayed and the plaster or boot removed. You will be given an insole or brace (support) to put in your shoe
* Three months – follow-up appointment and review
* Six months - final appointment and discharge

## Flat Foot Reconstruction FAQ’s

## When can I start to walk?

This varies from person to person. Below is a guide, but everyone is different and you should always contact the Fortius Clinic if you are worried.

* 0-2 weeks – you will have a plaster cast and be non-weight bearing with crutches
* 2-6 weeks - you will have a cast/boot and be non-weight bearing with crutches
* 6-12 weeks - you will be weight-bearing in your own shoes with an insole or brace
* After 12 weeks - you should be able to wear your own shoes

## Physiotherapy and rehabilitation

You will be referred to a physiotherapist who can design a personalized rehabilitation programme that includes gait re-education (walking correctly), and helping to reduce swelling and muscle tightness.

## How do I wash and shower?

It’s important to keep the plaster cast totally dry. However, you will be able to shower with a waterproof cover over the plaster. Once the plaster is removed, it’s fine to shower without the cover if the wound is healed, but gently dab it dry.

## How should I look after the wound?

Once out of cast, don’t pull at your scabs, let them fall away naturally. If your wound becomes red, swollen or sore you should contact the Fortius Clinic and arrange to see your consultant to check you don’t have an infection. Your physiotherapist may advise you about massaging the wound once it has healed.

## When can I start to drive again?

The DVLA states it’s the responsibility of the driver to ensure they are always in control of the vehicle. A good guide is if you can stamp down hard with the foot to stop the car in an emergency stop. This will take at least eight weeks. Although your specialist will advise you about when it’s safe to start driving again, it remains your responsibility to drive safely and you should also check with your vehicle insurer to confirm you are covered.

## When can I return to work?

This depends on the type of work you do and how quickly you recover. As a general guide, if your job involves sitting down for most of the time, you should be able to return to work after three weeks; if it involves manual work, you may need to have up to 12 weeks off.

## What long-term outcome can I expect after surgery?

Most people are able to return to a good level of activity and sports within six months and this, along with reduced swelling, should continue to improve up to a year after the procedure. You may be advised to wear insoles to help support your feet, particularly during sporting activities

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## What are the risks?

Below is a guide to the risks of this type of surgery. However, your surgeon will discuss these with you before your procedure, and answer any questions you may have:

* Infection
* The risk of infection is around 1% and this can usually be effectively treated with antibiotics
* Nerve damage
* Nerves that supply feeling to the skin are near the incision site. Permanent damage is rare (around 5%) but if your toe stays numb after surgery, it may be because the nerve is bruised and this should improve
* Continued symptoms
* It’s unusual for symptoms to continue after this procedure but if they do, your specialist will discuss the possibility of further surgery and may refer you to our podiatrist to discuss the use of long term orthotics/insoles.
* Prominent metalwork
* Sometimes the metal used to fuse the joint can feel a little prominent. Once the bones have fused (between six and 12 months) the metal can easily be removed as a minor day case procedure
* Deep Vein Thrombosis (DVT)
* You may be given blood-thinning medication after the surgery if you are at a higher risk of DVT (where a blood clot forms in a deep vein in the leg). However, DVT is fairly unusual after ankle surgery (less than 3% of cases)

Important:This information is only a guideline to help you understand your treatment and what to expect. Everyone is different and your rehabilitation may be quicker or slower than other people’s. Please [contact us](https://www.fortiusclinic.com/contact-us) for advice if you’re worried about any aspect of your health or recovery