

POST-OPERATIVE INSTRUCTIONS

TIBIALIS POSTERIOR TENDON TRANSFER

The first 2 weeks

You have just undergone an operation on your foot which involves transferring your tibialis posterior tendon from its normal insertion on your navicula bone (at your instep) to your midfoot, between the two bones of your leg. The procedure redirects the line of pull of the muscle, to make it pull up and turn out your ankle.

A specially-designed absorbable screw has been used to secure the tendon under tension in the tunnel in the midfoot bone, but before the tendon can be used, the ankle must be rested for a sufficient time to allow healing between the tendon and the tunnel walls. This means that for 6 weeks the ankle must be splinted at a right-angle and no body weight can be taken on the foot.

Either at the commencement or at the end of the procedure, a local anaesthetic agent was injected, in order to reduce post-operative pain. The wounds were closed with small sutures, covered with dressings and wrapped in a bandage. A "half-cast" was then applied, to protect the position of your foot and improve post-operative comfort.

Expect *some* pain in your foot and ankle, particularly when the local anaesthetic wears off, but this should be controllable with elevation and oral pain-killers, and should improve dramatically over the next 48 hours.

When you are able to comfortably mobilise independently with crutches or a knee walker, you can go home, but you will need at least a night in hospital.

You may get out of bed the day after the operation, but you will sit or lie with your foot strictly elevated. A physiotherapist will see you and teach you to safely use walking aids.

An anti-coagulant will be given for 6 weeks, to lessen the risk of a DVT (clot in the calf).

Occasionally, there can be some blood seepage into the dressings and cast, causing staining. This is rarely a cause for concern, unless copious.

It is important that you don't stand or walk on your operated limb.

You may shower, but it is important to keep the cast and dressings dry. These must remain intact until your first post-operative appointment.

At home, keep your foot elevated as much as possible. Hip height is ideal when you are seated.

If you have any concerns regarding your progress before your first post-operative appointment, please ring the rooms, during normal hours, or your local doctor, if available after hours. If you require urgent out-of-hours attention, please ring or present to a hospital Emergency Department at any time. Both Norwest Private and Sydney Adventist Hospitals provide this service.

Subsequent weeks

It remains crucial that you not bear any weight on your operative limb! Keep using walking aids. Further elevation will help to control swelling and discomfort. It is normal for there to be some toe discolouration and a feeling of swelling when the foot hangs.

At your two week post-operative visit, the temporary ½ cast will be removed, sutures extracted and a new light-weight cast applied. After usually 6 weeks, the cast will be removed. It should then be possible for you to begin bearing weight on the limb.