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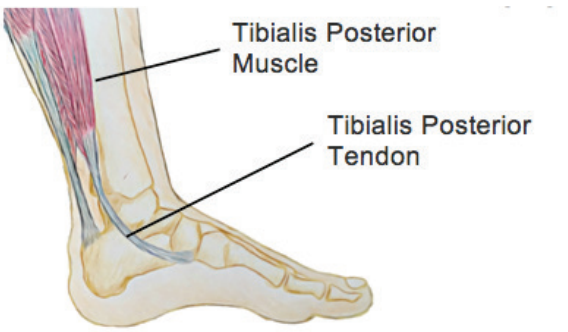
Tibialis Posterior Reconstruction

Why do I need a tibialis posterior tendon reconstruction?

A tibialis posterior tendon reconstruction is usually performed when the tendon is partially torn, causing pain and swelling and limiting function. The foot is becomes flatter, it is not possible to go up on tiptoes.



Common symptoms

Pain – sometimes with swelling behind the inside of your ankle, along your instep or the outside of the ankle and foot. You may be tender behind the inner ankle, where the posterior tibial tendon sits. This occasionally causes burning, tingling or stabbing pain as a result of nerve inflammation.

Difficulty walking – the inability to walk long distances and a generalised ache while walking even short distances. This may become worse at the end of each day.

Change in foot shape – sometimes your tendon stretches out, this is due to weakening of the tendon and ligaments. When this occurs, the arch in your foot flattens and a flatfoot deformity occurs, presenting a change in foot shape.

Inability to tip-toe – a way of diagnosing a torn posterior tibial tendon is a difficulty or inability to 'heel rise' (stand on your toes on one foot). Your tibialis posterior tendon usually enables to do this. Standing on your toes may be painful.

What is the expected outcome of the surgery?

- Improved function, mobility and muscle strength
- Improved pain relief and less reliance on painkillers
- Improved arch height and alignment
- Stop the progression of the deformity
- Able to do a single heel raise
- Returning to low impact sports may be possible but strenuous sport is unlikely.

Please note that full recovery may take up to 12 months.

If you need your information in another language or medium (audio, large print, etc) please contact Customer Care on 0800 374 208 or send an email to: customercare@salisbury.nhs.uk

You are entitled to a copy of any letter we write about you. Please ask if you want one when you come to the hospital.

Please complete The Friends & Family Test to tell us about your experience at: www.salisbury.nhs.uk/FriendsFamily or download our App from the Apple App store or Google Play Store.

The evidence used in the preparation of this leaflet is available on request. Please email: patient.information@salisbury.nhs.uk if you would like a reference list.

Name: Katharine Wilcocks
Role: Advanced Clinical Practitioner Physiotherapist in Orthopaedics
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Are there any alternatives to this operation?

Non-surgical measures including; physiotherapy, bracing (supports) and painkillers, will have been tried before going ahead with a reconstruction. The alternative is to adapt your activities and life style and manage the pain with painkillers.

Footwear is important – it is advisable to wear flat sturdy lace-up shoes, for example, trainers or boots. This will not only support your foot, but will also accommodate orthoses (shoe inserts).

Before your operation

Before coming in for surgery, there are some things you may need to consider, for example, can someone help you carry out basic everyday tasks such as shopping and preparing food? If you have stairs, how will you manage them? Do you have sturdy hand rails? If your toilet is downstairs, would it be easier to have your bed downstairs until you have recovered and can go up and down the stairs safely?

It is a good idea to get things organised for your discharge from hospital.

- Help with household tasks
- Food cupboards stocked up
- Help with shopping
- Help with children and pets. Relatives organised for your return home
- Someone to bring you to and from the hospital.

What to bring with you

Please bring a flat sturdy shoe to wear on the un-operated foot after the operation.

If you use a walking stick or crutches, please bring these with you.

What is involved in this operation?

- The operation is carried out under general anaesthesia.
- The tendon is reconstructed or replaced using another tendon in the foot or ankle.
- Calcaneal osteotomy – the heel bone may be shifted to bring your heel back under your leg and the position fixed with a screw
- Occasionally other bones are also cut and realigned during the procedure.

Risks associated with having the operation

- Stiffness of the foot and ankle
- Bleeding from the wounds
- Swelling
- Delayed wound healing
- Infection

- Pain
- Injury to nerves – numbness or tingling can occur at the wound or in the foot. This is usually temporary but in some it may be permanent
- Blood clots - deep vein thrombosis (DVT) or pulmonary embolism (PE) is rare. If you or your family have a history of either of these please tell us
- Need for further surgery.

What to expect after the operation

After the operation your leg will be in a plaster cast back slab (half plaster) from toe to knee. Your foot may be placed in an inverted position (facing inwards). Make sure that you do not get the plaster wet. You will have stitches or staples with a dressing covering the wounds.

You must keep your leg raised above groin level for 55 minutes in every hour for the first 2 weeks after the operation. This helps to reduce swelling. Then you must continue to prop your leg up whenever you are sitting for the next few weeks/months.

A physiotherapist will see you on the ward and show you how to walk using a walking aid. You are not allowed to put weight on your operated ankle while it is in the plaster cast. If you have to use stairs at home, you will be taught the safest way to do so.

Outpatient review

After 2 weeks, the plaster will be removed, the wound checked and the stitches removed. A full cast will then be applied for a further 4 weeks. You must continue to not put any weight through your foot.

You will usually have the plaster removed 6 weeks after your operation and you will be fitted with a supportive walking boot. You can then start to put weight through your foot as guided by your consultant.

Prolonged physiotherapy is required following your operation. You will be referred for physiotherapy by your consultant at your 6-week clinic appointment. The physiotherapist will give guidance to help reduce swelling, encourage movement, and regain strength, balance and function.

You may also need to have an insole for your shoe and this will be arranged with the orthotist should it be necessary.

How long does recovery take?

This is a general guide only. Patients will progress and recover from their surgery at different rates. If your surgeon gives you different advice, then you should follow that.

Week 0-6

Most patients go home the same day or the day after the operation. You will have a plaster cast below the knee, and will be required to non-weight bear for 6 weeks.

The next day the local anaesthetic will start to wear off so you will feel increased soreness. You can avoid this by taking the painkillers provided.

You should keep your foot raised when not walking. If your foot is hanging down; it swells, becomes sore and the toes can become a slightly purple colour. It is normal to see mild bruising on the foot.

If the plaster cast feels tight, then you must contact us for advice. See contact details at the end of this leaflet.

After 6 weeks you will be allowed to weight-bear in a special removable 'walker boot', although some patients may need to continue with the plaster cast. You will be advised to gradually put more weight down through your operated leg, so that you can eventually put your full weight down through this leg.

You may be advised to wear the boot until 12 weeks after the operation. Your physiotherapist will advise you on reducing the use of the boot. They will also continue to progress your exercises.

Getting back to normal

Returning to work: If your job is mostly sitting, you may be allowed back to work after 6 weeks, provided you can keep the leg raised. However, if your job is more physical and involves long periods on your feet, then it will take longer.

- **Walking**: You should be out of the boot/plaster cast and walking normally by 3 months. This will depend on whether the surgeon has placed any specific restrictions on you and it may take longer.
- **Driving**: If you have an automatic car and have had surgery on the left ankle, you can usually drive 2 weeks after your operation. Otherwise, it might be 3 months before you can drive. To drive safely, you must be able to do an emergency stop. Also, you must tell your insurance company about the type of operation you have had to ensure that your cover is valid.
- **Sport**: Resuming sporting activity depends on your operation and how quickly your strength, movement and balance recover. Generally you can return to low impact sports 6 months after your operation, but returning to high impact sports can take up to a year.

Things to look out for

Swelling – you should expect some swelling after your operation. If swelling persists or worsens and you are concerned, seek advice from a member of the team or your GP.

» Orthopaedic outpatients for plaster cast or wound concerns.

» Therapy for mobility issues.

» Outpatient physiotherapists after 6 weeks, with exercise queries.

Infection – any operation is at risk of infection. Fortunately it is not common in this type of surgery but a small number of patients do get a wound infection and these normally settle after a short course of antibiotics. Rarely the infection may be more severe and needs further surgery to remove infected tissue with a longer course of antibiotics.

Blood clots – deep vein thrombosis (DVT) or pulmonary embolus (PE) are rare but can occur. Please tell the team if you have had a DVT or PE in the past or if you have a family history of clotting disorders. You must continue the circulation exercises at the end of this leaflet and given to you by the physiotherapist. You also need to drink plenty of water. You may be prescribed medication to thin your blood to help prevent clots. Your consultant will discuss this with you.

Numbness or tingling – this can occur at the surgical site if small nerves are cut or more major nerves are stretched. This is normally temporary; however, patchy numbness or sensitised areas may be permanent. Rarely the nerves can become hypersensitive, in a condition called complex regional pain syndrome. This can lead to severe pain as well as colour and temperature changes in the foot. If this happens, your consultant will discuss treatment with you.

Wound healing – if blood supply to the area is not good, wounds may be slow to heal. If this is the case more frequent wound dressings may be needed to ensure that the wound does not become infected.

Scarring – any type of surgery will leave a scar. Occasionally this can cause pain and irritation. If it does please speak with your consultant.

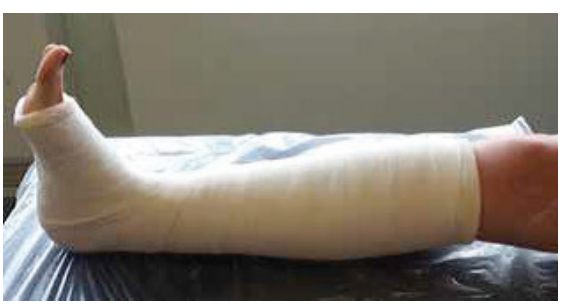
Report severe pain, massive swelling, chest pain, excessive numbness or pins and needles straightaway at your nearest Emergency Department.

Circulation exercises 0-6 weeks

When you are raising your ankle, we recommend that you complete the following exercises every waking hour.

1. Active toes movements

Bend and straighten your toes



2. Static Quads

Brace your knee back tightening your thigh muscles. Hold for 5 seconds and repeat 10 times

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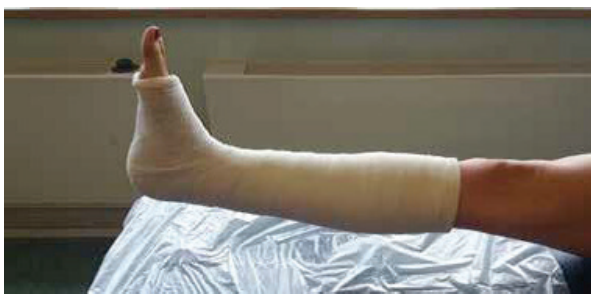
3. Straight leg raise

Lift your leg off the bed keeping your knee straight. Hold for 5 seconds and then slowly lower.

Repeat 10 times.



Contacts

If you have any queries, please contact:

- Orthopaedic Outpatients: 01722 336262 ext 2441,
- Orthopaedic Therapy 01722 336262 ext 3111
- Your local Physiotherapy department.

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