ACCESSORY NAVICULAR REMOVAL

SURGERY INFORMATION



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THE SURGERY

- The surgery involves an incision over the accessory navicular and detachment of the tibialis posterior tendon insertion from the bone
- The accessory navicular is removed
- The tibialis posterior tendon is then put back using suture devices onto the remaining navicular
- Sometimes other surgery is required to reshape the foot (see Flat Foot Reconstruction Surgery)



Xray showing an accessory navicula



THE HOSPITAL STAY

- You wake up with bulky bandages a boot
- You will stay in hospital overnight, with your foot elevated and you have will have antibiotics through a drip; you may need ongoing antibiotics until your wound heals
- Depending on your medical conditions, you will need to take medications to thin your blood for 6 weeks to prevent blood clots (DVT)
- You will need to take vitamin C 1g daily for 6 weeks to help with wound healing and pain
- You will be only allowed to touch your foot to the ground for 2-3 weeks
- Depending on your balance and strength, you may need rehabilitation post operatively
- Buying a second hand knee scooter pre operatively (can search online) and practicing at home before the surgery, can be helpful; please bring it into the hospital with you. It is easier to use a knee scooter than crutches

WHEN YOU GO HOME

- You will need medications for pain relief and vitamin C
- You will need blood thinning medications to prevent blood clots
- Please leave all dressings intact until your appointment with Dr Graff
- You will get an appointment for your post op appointment in 2-3 weeks where the dressings will be taken down
- After this you will be able to shower normally and pat the dressings dry

REHABILITATION

All patients are different. These timelines are only a guide, and some patients may progress faster or slower than others.

ACCESSORY NAVICULAR REMOVAL



0-3 weeks	 You will be in a boot You will only be allowed to touch your foot to the ground for balance. You will need to bag the leg for showers Pain relief: Please take regular paracetamol with meals and before bed; you may need stronger pain killers as well, especially before bed Please take antibiotics, blood thinning medication and vitamin C
2-3 weeks	 Post op appointment for a wound review You will then go back into the boot to wear at all times except for showering You can start partial weightbearing in the boot (20-50% body weight) You can take the boot off for showers only to sit on a shower chair and keep the foot pointed in You can start physio for hip and knee strengthening
6-8 weeks	 You can weightbear as tolerated in the boot You can take the boot off for sleeping You will need physiotherapy for active range of motion, propropoception training, and isometric tib post strengthening
	You can wear normal shoes if you
9-12 weeks	 are able to fit into them (may still have swelling) You can should wear a supportive lace up ankle brace and a medial arch support with supportive sneakers

6-12 months

 When the leg feels back to normal and the same as the other leg, you can start sport specific training and heavy labour work

WHEN CAN I RETURN TO WORK/SCHOOL?

- Seated work 4-6 weeks
- Prolonged standing 10-12 weeks
- Heavy labour work 6 months

WHEN CAN I RETURN TO SPORT?

- Start sport specific training at 4-6 months
- Return to sport when leg same as the other side (9-12 months)

WHEN CAN I DRIVE?

- Left foot 3 weeks (if driving an automatic car)
- Right foot 10-12 weeks

WHAT CAN GO WRONG?

- Anaesthetic problems
- Wound/scar problems
- Nerve injury/vessel/tendon injury
- Blood clots
- Infection
- Stiffness
- Tibialis posterior avulsion/injury
- Ongoing pain/swelling
- Chronic Regional Pain Syndrome
- Further surgery

CONTACT

If you want more information, or have any questions or problems, please contact Dr Graff on admin@christygraff.com or please call the rooms on 0493 461 133