

PERONEAL TENDON SURGERY



SURGERY INFORMATION



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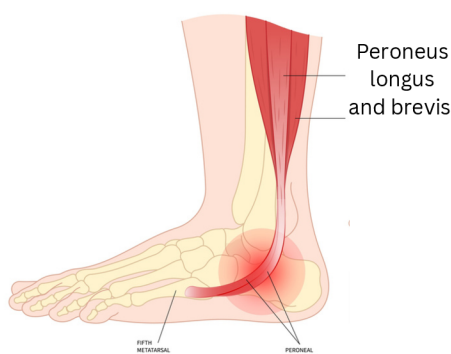
THE SURGERY

- **Surgical options may include:**

- Debridement of the tendon if the tear involves less than 50% of the tendon
- Excision of the tear if it is greater than 50% of the tendon and attaching it to the intact tendon
- Stabilisation of the tendon if the tendon is unstable by repairing/reconstructing the tissue that usually keeps it in the groove behind the fibula
- Using a tendon graft if both tendons are severely torn

- **Associated operations may include:**

- Ankle stabilisation (**see Ankle Stabilisation Surgery**)
- Foot reconstruction for a cavovarus foot (**see Cavovarus Foot Reconstruction Surgery**)
- Ankle arthroscopy (using a camera to look into the ankle) (**see Ankle Arthroscopy Surgery**)



THE HOSPITAL STAY

- You will wake up with a **moonboot**
- Your foot will be elevated overnight, and you have **antibiotics through a drip**
- You will need **blood thinner** medication to prevent DVT
- You will stay in hospital for **1-2 nights**
- You will be only **allowed to touch your foot to the ground** for 2 weeks for balance
- You will need to take vitamin C 1g daily
- Depending on your balance and strength, you may need rehabilitation post operatively

WHEN YOU GO HOME

- You will need **medications for pain relief**; regular paracetamol (2 tablets four times a day) is recommended, as well as strong pain killers, especially at night before bed. These can have side effects of drowsiness, nausea and constipation, and other tablets to help with these side effects may be required.
- You will need **blood thinners** to prevent blood clots and **vitamin C** for wound healing and pain management for 6 weeks
- You will need a shower chair and bags to **keep the moonboot dry** for the first 2-3 weeks
- You will need to attend your **post op appointment** in 2-3 weeks where the wounds will be checked
- After this you will be able to start seated showering with a shower chair out of the boot

REHABILITATION

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

PERONEAL TENDON SURGERY



0-3 weeks	<ul style="list-style-type: none"> You will be in a moonboot full time for 2-3 weeks; please treat this like a plaster and do not remove it You will only be allowed to touch your foot to the ground for balance. Please keep your foot elevated and out of bed for toilet only You will need to bag the leg for showers Pain relief: Please take regular paracetamol with meals and before bed; stronger pain killers are often needed, especially before bed Please take blood thinners and vitamin C daily as prescribed
2-3 weeks	<ul style="list-style-type: none"> Post op appointment for wound review Commence walking in the boot with crutches and increase to full weightbearing without crutches Can remove the boot for seated showering but wear it at all other times, including bedtime; be careful not to invert the ankle (move it side to side) Start range of motion exercises with physio (dorsiflexion/plantarflexion only)
6 weeks	<ul style="list-style-type: none"> Transition from a boot to a full time ankle brace and sports shoes (swelling permitting) Commence active and passive range of movement of the ankle, including inversion and eversion, with physiotherapy Commence cycling on an exercise bike Static/closed chain peroneal strengthening only

3 months	<ul style="list-style-type: none"> Increase strengthening without restrictions; can start swimming and cycling Ease back into sport. Start with jogging, then running, then training Once your ankle feels as strong as the other ankle, you can return to sport (also guided by your physio)
6-9 months	<ul style="list-style-type: none"> Full recovery is expected at 9-12 months post operatively

WHEN CAN I DRIVE?

- Left foot 3-4 weeks (if driving an automatic)
- Right foot 6-8 weeks

WHEN CAN I RETURN TO WORK?

- Seated work at 6-8 weeks
- Prolonged standing 3-4 months
- Heavy labour work 6-9 months in supportive lace up boots

WHAT CAN GO WRONG?

- Anaesthetic problems
- Wound/scar problems
- Nerve injury
- Blood clots
- Infection
- Stiffness
- Ongoing pain or instability
- Chronic Regional Pain Syndrome
- Arthritis in the ankle joint
- The need for 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**