

TARSAL COALITION EXCISION SURGERY



SURGERY INFORMATION



- 0493 461 133
- (08) 9118 3112
- HealthLink:drcgraff
- admin@christygraff.com
- www.drchristygraff.com

THE SURGERY

- The surgery involves an incision over the coalition area (depending which coalition your child has)
- The coalition is identified using xrays in theatre and knowledge of anatomy (nerves and tendons in the area are protected)
- The coalition is excised with a gap between the bones to try to prevent recurrence
- Sometimes, further foot reconstruction is required, such as flat foot reconstruction (see Flat Foot Reconstruction or Fusion of the Hindfoot and Midfoot Surgery)



3D CT illustrating a tarsal coalition

THE HOSPITAL STAY

- Your child will wake up with bulky bandages and a cam boot
- Your child's foot will be elevated overnight and antibiotics will be received through a drip,
- Your child can walk in the boot the next day, if the coalition surgery is isolated (ie without fusion or reconstruction) for essential things only such as going to the toilet
- Your child may need to take antibiotics to prevent infection, blood thinners to prevent blood clots and vitamin C daily to help wound healing and pain management

WHEN YOU GO HOME

- Your child 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.
- Your child may need to take vitamin C and blood thinners as prescribed
- Please all the dressings and boot intact until your post op appointment at 2-3 weeks
- You will need to bag up the boot for showers and your child may benefit from a shower chair
- You will need to attend your **post op appointment** in 2-3 weeks where the wounds will be checked and suture ends trimmed (absorbable sutures are usually used)
- After this your child can 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.



TARSAL COALITION EXCISION SURGERY

WHEN CAN I RETURN TO WORK/SCHOOL?

- Seated work at 3-4 weeks
- Prolonged standing 6 weeks
- Heavy labour work 12 weeks in supportive lace up boots

WHEN CAN I DRIVE?

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

WHAT CAN GO WRONG?

- Anaesthetic problems
- Wound/scar problems
- Nerve/vessel/tendon injury
- Recurrence
- Blood clots
- Infection
- Ongoing pain/swelling
- Chronic Regional Pain Syndrome
- 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**

0-3 weeks	<ul style="list-style-type: none">• Your child can weight bear as tolerated in a boot, but only for essential things like going to the toilet• Please keep the foot elevated at all other times• Please keep the boot on at all times like a plaster• Please give your child regular paracetamol with meals and before bed; stronger painkillers may be needed in the first couple of weeks, especially if a bigger reconstruction is required or at night
2-3 weeks	<ul style="list-style-type: none">• You will have an appointment with Dr Graff and dressings are changed• Your child is allowed to weight bear in the boot• Your child can remove the boot for showers, sleeping and range of motion exercises• Range of movement with physiotherapy can commence including dorsiflexion, plantarflexion, inversion and eversion, and isometric strengthening of the leg and foot
4-6 weeks	<ul style="list-style-type: none">• Your child can transition from the boot into normal sports shoes if swelling allows• Your child can start increasing strengthening with physiotherapy including eccentric strengthening and a wobble board
12 weeks	<ul style="list-style-type: none">• Your child can ease back into sport. Start with walking, then running, then training• Once your child's ankle feels as strong as the other side, your child can return to sport (also be guided by your physio)