

POSTOP FOLLOW-UP & REHABILITATION FOLLOWING FOOT & ANKLE SURGERY

**The following instructions are general guidelines, but
surgeon post-op instructions will dictate the
individual patient's post-op management**

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ABBREVIATION:

ROS	Removal of Sutures
NWB	Non Weight Bearing
PWB	Partial Weight Bearing
FWB	Full Weight Bearing
HWB	Heel Weight Bearing
ROM	Range of Motion
MTPJ	Metatarso-Phalangeal Joint
IPJ	Inter-Phalangeal Joint
OCD	Osteo-Chondral Defect
LMWH	Low Molecular Weight Heparin

FOREFOOT PROCEDURES

Arthrodesis First MTPJ

Postop:

Darco heel wedge shoes & Heel weight bearing for 8 weeks

Foot elevation 7 to 10 days

Follow-up:

- | | |
|----------|--|
| 2 weeks | Wound check & ROS at plaster room Wednesday P.M. clinic |
| 8 weeks | Foot AP & Lat radiographs
Wean from heel wedge shoes to normal footwear (preferably stiffer sole shoes for further 4 weeks) |
| 14 weeks | Foot AP & Lat radiographs to check radiological union
Discharge if all well |

Cheilectomy First MTPJ

Postop:

Flat postop shoes for 4 weeks

Foot elevation 5 days

FWB

Follow-up:

- | | |
|---------|---|
| 2 weeks | Wound check & ROS at plaster room Wednesday P.M. clinic
MTPJ exercises |
| 8 weeks | Check clinical progress
Discharge if all well |

Hallux & Metatarsal Osteotomies:

First Metatarsal basal Osteotomy,

Scarf/Chevron Osteotomy,

Weil Osteotomy /BRT Osteotomy,

Osteotomy of Proximal Phalanx (Akin, Moberg)

Postop:

Heel wedge shoes & Heel weight bearing for 6 weeks

Foot elevation 7 to 10 days

Follow-up:

- | | |
|---------|--|
| 2 weeks | Wound check & ROS at plaster room Wednesday P.M. clinic
Passive mobilisation First MTPJ / lesser MTPJ (Weils)
Toe Alignment splint for 3 months postop then at night time upto |
|---------|--|

- 6 months
 Massage scar with E45 cream
 To wean from heel wedge shoes after 6 weeks
- 8 weeks
 Normal footwear (trainers one size larger than usual)
 Foot AP & Lat radiographs
 Drive from 6 weeks postop if comfortable
 Sporting activities after 4 months
 Left with open appointment if all well

Rheumatoid Forefoot Reconstruction (First MTPJ arthrodesis + Lesser metatarsal head excision)

Postop:

Darco heel wedge shoes & Heel weight bearing for 8 weeks
 Foot elevation 7 to 10 days

Follow-up:

- 2 weeks
 Wound check & ROS at plaster room Wednesday P.M. clinic
- 6 weeks
 Foot AP & Lat radiographs
 Removal of K wires from lesser toes
 Toe alignment splint till 3 months postop and up to 6 months night time
 Wean from heel wedge shoes from 8 weeks postop (preferably stiffer sole shoes for 4 weeks)
- 14 weeks
 Foot AP & Lat radiographs to check radiological union
 Discharge if all well

Lesser Toe Surgery

PIPJ Arthroplasty/ PIPJ Arthrodesis/DIPJ Arthrodesis Correction MTPJ Lesser Toes/ Stainsby Procedures

Postop:

Flat postop shoes for 6 weeks
 Foot elevation 5 to 7days
 FWB

Follow-up:

- 2 weeks
 Wound check & ROS at plaster room Wednesday P.M. clinic
 Passive mobilisation of lesser toes
 Toe Alignment splint in MTPJ procedures for 3 months full time & 6 months night time
 Massage scar with E45 cream
- 6 weeks
 Removal of k wire
 Normal footwear (trainers one size larger than usual)
 Drive from 6 weeks if comfortable
 Left with open appointment if all well

MIDFOOT PROCEDURES

First Tarso-Metatarsal Arthrodesis for Severe Hallux Valgus

Postop:

Heel wedge shoes & Heel weight bearing for 8 to 12 weeks

Foot elevation 7 to 10 days

Follow-up:

2 weeks	Wound check & ROS at plaster room Wednesday P.M. clinic Passive mobilisation First MTPJ / lesser MTPJ (Weils) Toe Alignment splint for 3 months postop then at night time upto 6 months Massage scar with E45 cream
8 weeks	Foot AP & Lat radiographs Wean from Heel wedge shoes & FWB in 2 to 4 weeks
14 weeks	Foot AP & Lat radiographs to check radiological union Discharge if all well

Tarso-Metatarsal Arthrodesis (1,2 & 3)

Postop:

Below knee backslab

Foot elevation 7 to 10 days

Non-weight bearing (NWB) 8 weeks

DVT prophylaxis for 2 weeks – LMWH

Follow-up:

2 weeks	Wound check & ROS at plaster room Wednesday P.M. clinic Below knee cast NWB
8 weeks	Foot AP & Lat radiographs Darco heel wedge shoes & HWB for 4 weeks
14 weeks	Foot AP & Lat radiographs to check radiological union Normal foot wear Left with open appointment if all well

ORIF Metatarsal Non-union/ First Tarso-Metatarsal Arthrodesis

Postop:

Foot elevation 7 to 10 days

Darco heel wedge shoes

Heel weight bearing (HWB) 8 to 12 weeks

Follow-up:

2 weeks	Wound check & ROS at plaster room Wednesday P.M. clinic
8 weeks	Foot AP & Lat radiographs to assess healing Wean from Heel wedge shoes & FWB in 2 to 4 weeks
14 weeks	Foot AP & Lat radiographs to check radiological union Discharge if all well

Mid-foot Arthrodesis**Talonavicular Arthrodesis****Talonavicular arthrodesis + calcaneocuboid - double arthrodesis****Naviculo-cuneiform arthrodesis**

Postop:

Below knee backslab

Foot elevation 7 to 10 days

Non-weight bearing (NWB) 8 to 12 weeks

DVT prophylaxis for 2 weeks - LMWH

Follow-up:

2 weeks	Wound check & ROS at plaster room Wednesday P.M. clinic Below knee cast NWB
8 weeks	Foot AP & Lat radiographs Replace plaster with Aircast boot PWB for further 4 weeks Intermittent mobilisation of ankle
14 weeks	Ankle/Foot AP & Lat radiographs to check radiological union Advised to wean from Aircast boot
24 weeks	Check clinical progress Discharge if all well

ANKLE/ HINDFOOT PROCEDURES

Ankle Arthrodesis/ Tibio-talo-Calcaneal Arthrodesis

Postop:

Below knee backslab

Foot elevation 7 to 10 days

Non-weight bearing (NWB) 2 weeks

DVT prophylaxis for 2 weeks - LMWH

Follow-up:

2 weeks	Wound check & ROS at plaster room Wednesday P.M. clinic Below knee cast PWB to FWB depending on fixation
8 weeks	Ankle AP & Lat radiographs Replace plaster with Aircast boot Intermittent mobilisation of foot
14 weeks	Ankle AP & Lat radiographs to check radiological union Advised to wean from Aircast boot
24 weeks	Check clinical progress Discharge if all well

Sub-talar Arthrodesis

Postop:

Below knee backslab

Foot elevation 7 to 10 days

Non-weight bearing (NWB) 2 weeks

DVT prophylaxis for 2 weeks - LMWH

Follow-up:

2 weeks	Wound check & ROS at plaster room Wednesday P.M. clinic, Below knee cast NWB PWB from 4 weeks postop depending on fixation
8 weeks	Ankle AP & Lat radiographs Replace plaster with Aircast boot FWB Intermittent mobilisation of ankle
14 weeks	Ankle AP & Lat radiographs to check radiological union Advised to wean from Aircast boot over 2 weeks period.
24 weeks	Check clinical progress Discharge if all well

Triple arthrodesis - Talo-navicular + Calcaneo-cuboid + Subtalar

Postop:

Below knee backslab

Foot elevation 7 to 10 days

Non-weight bearing (NWB) 8 to 12 weeks

DVT prophylaxis for 2 weeks - LMWH

Follow-up:

2 weeks	Wound check & ROS at plaster room Wednesday P.M. clinic Below knee cast NWB
8 weeks	Ankle & Foot AP & Lat radiographs Replace plaster with Aircast boot Intermittent mobilisation of ankle PWB for further 4 weeks
14 weeks	Ankle/Foot AP & Lat radiographs to check radiological union Advised to wean from Aircast boot
24 weeks	Check clinical progress Discharge if all well

Ankle Replacement

Postop:

Below knee backslab

Check xray before discharge

Foot elevation 7 to 10 days

Non-weight bearing (NWB) 2 weeks

Follow-up:

2 weeks	Wound check & ROS at plaster room Wednesday P.M. clinic, Aircast boot FWB. Commence physiotherapy ROM ankle from 4 weeks
8 weeks	Ankle AP & Lat radiographs to check position of prosthesis, stress fracture.
4 months	Check clinical progress
12 months	Annual followup with radiographs to check symptomatic improvement, failure of prosthesis

Ankle Arthroscopy

Postop:

Foot elevation 48 to 72 hours

Reduce dressing in 72 hours by patient

Mobilise FWB
 Referral to physiotherapy if necessary
 Wound check & ROS by G.P./District Nurse

Follow-up:

6 weeks Check clinical progress
 Left with open appointment if all well

Ankle Arthroscopy + Microfracture for OCD

Postop:
 Foot elevation 48 to 72 hours
 Reduce dressing in 72 hours by patient
 Mobilise NWB for 6 weeks & ROM ankle
 Referral to physiotherapy if necessary
 Wound check & ROS by G.P./District Nurse

Follow-up:

6 weeks Check clinical progress
 Start FWB
 No sporting activities for 4 months
 Left with open appointment if all well

Peroneal Tendon Stabilisation

Postop:
 Below knee backslab
 Foot elevation 5 to 7 days
 Non-weight bearing (NWB) 2 weeks

Follow-up:

2 weeks Wound check & ROS at plaster room Wednesday P.M. clinic
 Below knee cast in neutral FWB for 5 weeks postop

5 weeks Physiotherapy - ROM ankle
 Ankle brace – Aircast Stirrup

12 weeks Check clinical progress
 Wean from Brace
 Discharge if all well
 No sporting activities for 4 to 6 months.

Ankle Lateral Ligament reconstruction (Brostrom)

Postop:
 Below knee backslab in neutral flexion & eversion
 Foot elevation 5 to 7 days
 Non-weight bearing (NWB) 2 weeks

Follow-up:

- | | |
|----------|--|
| 2 weeks | Wound check & ROS at plaster room Wednesday P.M. clinic
Below knee cast in neutral FWB for 5 weeks postop |
| 5 weeks | Physiotherapy - ROM ankle and Peroneal strengthening
Ankle brace – Aircast Stirrup |
| 12 weeks | Check clinical progress
Wean off from Brace
Discharge if all well
No sporting activities for 4 to 6 months. |

Haglunds Excision + Reattachment of Tendo-Achilles

Postop:

Below knee backslab in equinus to avoid stretching the repair
Foot elevation 7 to 10 days
Non-weight bearing (NWB) 2 weeks

Follow-up:

- | | |
|----------|---|
| 2 weeks | Wound check & ROS at plaster room Wednesday P.M. clinic
Aircast boot with 1 heel wedge
Remove heel wedge at 4 weeks, to achieve plantigrade foot
FWB |
| 6 weeks | Remove Aircast boot
Refer to physiotherapy - Heel raise and theraband exercises |
| 12 weeks | Check clinical progress
Discharge if all well |

Tendo-Achilles Lengthening (Open/Hoke)

Postop:

Below knee backslab NWB 2 weeks or
Full below knee POP, split & allow Weight bearing
Foot elevation 7 to 10 days

Follow-up:

- | | |
|---------|---|
| 2 weeks | Wound check & ROS at plaster room Wednesday P.M. clinic,
Below knee FWB cast |
| 8 weeks | Remove cast
Commence physiotherapy
Open appointment or further follow-up depends on primary pathology |

Tendo-Achilles Repair

Postop:

Below knee backslab in equinus
Foot elevation 7 to 10 days
Non-weight bearing (NWB) 2 weeks

Follow-up:

2 weeks	Wound check & ROS at plaster room Wednesday P.M. clinic, Aircast boot with heel wedges - FWB Remove one wedge every couple of weeks, to achieve plantigrade foot by 6 to 8 weeks postop
8 weeks	Ensure plantigrade foot, Refer to physiotherapy Left with open appointment
	Wean from Aircast boot at 10 weeks Wear shoes with heel raise for further 4 weeks To commence physiotherapy with gentle range of movement and progress to strengthening exercises by 14 to 16 weeks.

PES PLANUS/PESCAVUS RECONSTRUCTION

Cavus Foot Reconstruction (Calcaneal osteotomy + First metatarsal basal osteotomy + Jones transfer + Tibialis posterior transfer)

Postop:

Below knee backslab
Foot elevation 7 to 10 days
Non-weight bearing (NWB) 8 weeks
DVT prophylaxis for 2 weeks - LMWH

Follow-up:

2 weeks	Wound check & ROS at plaster room Wednesday P.M. clinic, Below knee cast NWB 8 weeks
8 weeks	Ankle + Foot AP & Lat radiographs Aircast boot for further 4 to 6 weeks Orthosis(AFO) in cases with significant weak ankle dorsiflexion FWB Physiotherapy - Ankle ROM & Muscle strengthening
16 weeks	Check clinical progress Discharge if all well

Tibialis posterior Tendon Reconstruction (FDL transfer with calcaneal osteotomy)

Postop:

Below knee backslab in inversion
 Foot elevation 7 to 10 days
 Non-weight bearing (NWB) 2 weeks
 DVT prophylaxis for 2 weeks – LMWH

Follow-up:

2 weeks	Wound check & ROS at plaster room Wednesday P.M. clinic Below knee cast in neutral PWB
8 weeks	Ankle AP & Lat radiographs to check calcaneal osteotomy Orthosis/Aircast boot Commence physiotherapy – ROM & Muscle strengthening
14 weeks	Check clinical progress Orthosis (medial arch support) for 6 months Left with open appointment if all well

Mortons neuroma/ Excision Ganglion/ Excision of Osteophyte

Postop:

Flat postop shoes
 Foot elevation 72 hours
 Reduce dressing 72 hours
 FWB
 Wound check & ROS by G.P./District nurse

Follow-up:

6 weeks	Explain operative findings/ Biopsy report Check clinical progress Discharge if all well
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General Post Operative Instructions

Wound Dressing: Except minor procedure like ganglion/ osteophyte excision, all the postoperative dressings should remain intact until next outpatient visit (usually 2 weeks postop). The wound site must be kept dry.

Physiotherapy: Physiotherapist would assess walking and provide crutches if required, before or after surgery. Patients should be instructed to wriggle the toes gently. If the leg is not in a plaster cast, encourage to move the foot up and down periodically throughout the day and also bend the knee and ankle – to aid circulation and reduce swelling of the affected limb.

Elevation: Swelling is common following foot surgery and the severity of swelling is related to the extent of surgery. Post-operative swelling could aggravate pain and may affect wound healing. It is essential to elevate the foot to avoid that risk. For the first two post-op days, foot needs to be raised well above groin level for 55 minutes out of every hour. The duration of elevation is reduced by 5 minutes per hour every day (i.e. 50 mins on day 3, 45 mins on day 4 etc) but this needs to be adjusted to the degree of swelling or discomfort. The time of rest and foot elevation would vary from few days for minor surgery and about 2 weeks for major surgery.



Ice Application: Once the dressings are off and the wound has healed, application of an ice pack will help reduce swelling and assist with pain relief. It is important to protect the affected area with a damp tea towel prior to application of ice; often a bag of frozen peas is very effective; Apply for 10 minutes 3 times a day

DVT prophylaxis: All the patients undergo risk assessment. For procedures like midfoot & hinfot arthrodesis, LMWH prescribed for 2 weeks to be self-administered or by district nurse. Above knee stockings (provided in the ward) should be worn on the unoperated limb until patient fully mobile. Patients at high risk receive chemoprophylaxis for a week following forefoot and arthroscopic procedures. Wriggling toes, massaging calves and regular movements of lower limbs (as able) will help maintain healthy circulation during periods of reduced mobility. Moreover, patients should be encouraged to drink plenty of oral fluids.

Smoking: Smoking is strongly discouraged during perioperative period as it impairs bone healing (upto 4 months in arthrodesis procedures).

Driving – Patient will be informed of when it is safe to return to driving: this will depend on the nature of procedure. Patient should notify their insurance company of the procedure that has been undertaken to ensure the cover is valid.

Sport – resuming sports depends on the type of surgery performed and will be discussed.

Patient needs to contact G.P. or our medical team or attend accident & emergency immediately in the event of any of the following:

- extreme pain
- tightness unrelieved by high elevation for 1 hour
- progressive swelling of toes unrelieved by high elevation for 1 hour
- localized painful pressure
- new or progressive numbness or tingling (pins and needles)
- breakage or damage to your cast
- offensive smell or actual discharge from under your cast