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 (Weil)
         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 7 days
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-Calcanearl 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:

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<th>Duration</th>
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| 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:

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<th>Duration</th>
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| 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
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 & hinfoot 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 unrelied by high elevation for 1 hour
- progressive swelling of toes unrelied 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