

Major Hindfoot Surgery: some practical guidance from a patient

Below is an invaluable patient guide written by one of my patients, 'Dr R'. Having been a senior GP, he has just retired. He had both ankles operated on 6 months apart, so his observations are invaluable at guiding you through your initial recovery. Personally, I love his practical pointers. His surgery was for tibialis posterior tendon dysfunction. The restriction of no weight bearing for six weeks followed by weight bearing in a boot for 4 weeks is therefore very similar to ankle, subtalar, or midfoot fusion, and major Achilles tendon surgery.

In my case I had a Calcaneal osteotomy, spring ligament repair and flexor tendon re-implantation for a tendon condition called Posterior Tibial Syndrome. This condition led to extreme flat feet, foot and ankle pain and loss of function in that I was unable to run or walk at speed by the time I submitted to surgery.

The Decision:

Bear in mind this can be a bilateral condition and may well require staggered procedures to both feet.

I left it later than I should have before proceeding with the surgery and this being a bilateral condition I was a lot weaker on the other foot and leg by the time I proceeded to surgery. This in turn meant I was less stable post operatively than would otherwise have been the case and I think hampered my initial recovery somewhat.

The Procedure:

This involved operation on the day of admission under general anaesthetic and an overnight stay in the hospital.

I had the right foot operated on first and as part of the procedure had a popliteal nerve block numbing the leg below the knee and which addressed any post-operative pain for at least 24 hours, after which I had oral pain killers. My experience of pain was that I really experienced very little pain in the following weeks and only took 20 or so Tramadol tablets in total. In addition I was on daily anti-thrombosis injections which were self-administered, to reduce the risk of blood clots. They were easy and painless into the belly fat.

Mobility:

I found I was unable to safely use either a Zimmer frame or crutches due to weakness in my non operated foot and was as a result initially somewhat handicapped. Therefore I rented a knee scooter which transformed everything and was essential in enabling me to be mobile, both indoors and outdoors. The problem was managing it, especially on transfers. Knee scooters are available from a number of suppliers and can be bought or rented. I used a

company called STRIDEON (strideon.co.uk). The rental is £15.50 per week for the model I chose, which provides 180 degree turns and is easily manouverable. They also have other more robust outdoor models for rent. I was able to shop, cook and do most routine things quite easily, but stairs were my main problem.

Progress:

At 14 days I had the temporary caste removed and a full fiberglass cast applied which was much more comfortable. This remained in place for a further 4 weeks or so.

When this caste was removed I was then in an AIRCAST boot (purchase price about £90-180, sometimes insurance can be funny about covering this cost) with modest weight bearing. This although a little clumsy was more comfortable than a cast and of course showering and baths were now possible without having to wear a waterproof shower boot (supplied to me by the hospital, but available online for around £10). Another thing I had in hospital at London Bridge was a large blue foam leg supporter for use in bed and when recumbent. I would recommend you take this with you on discharge. I used it for about a month, which helped reduce swelling as well as being very comfortable in bed and on the sofa.

Initially bearing weight using the AIRCAST boot was a little sore, but this gradually improved. After a further month I was in shoes although for comfort I found soft trainers best.

Physiotherapy:

There was not really any useful physiotherapy to be done until out of the cast with the exception of foot and calf stretches to reduce the likelihood of thrombosis. However, once I started a physiotherapy program I made good progress. I found pool exercises and swimming especially helpful and continued well into the 6th month post operative at which time I had the other foot operated on.

Selfcare:

I found a simple shower stool made showering easy and safe, and when in a cast using a waterproof shower boot.

To help with my mobility I bought an iWalk 2.0 (£149) on the internet which is well worth considering. The manufacturers show people walking dogs, playing golf and even running, but be warned that this device although useful leaves you vulnerable to falls unless you take great care. It does however allow much more independence, enabled me to manage stairs, drive alone, get out of the car and transfer to the knee scooter. I only used it for limited bursts of walking as it would become sore to the thigh and knee.

Driving:

An automatic car is essential if you wish to drive. If it is your left foot that has been repaired then you need no other equipment, but if it is your right foot then you will need hands only driving equipment fitted to your vehicle. This can be bought or rented (£18 per week) and is easily self-fitted to your car. It took me a few minutes to intuitively adapt to driving safely with this modification. I rented from lynxcontrols.com. You should notify your insurers of this adaptation. I incurred no extra premium for this.

Car Rentals:

In the UK all of the main car hire companies will supply this on your chosen vehicle at no extra cost. Overseas car hire is a little more complicated. Although under European Law it is required of car rental companies, in practice I found it problematic, at least in France. I ended up taking my Lynx control with me and fitting it myself at the airport. However, it is important to have it made clear on your booking form that you will be bringing your own device and will fit it yourself. Providing you take out the hire company standard excess insurance you will be covered.

Air Travel:

As I wanted to recuperate abroad I was allowed to fly after 3 weeks (short haul). Informing the airline of your special requirements makes air travel so much easier (on the online booking form you will see a link for “assisted passage”), by providing short cuts through passport control and security at both ends as well as help with luggage and being taken to the car hire depot.

I hope these tips based on my experiences will be helpful to you in your planning for your procedure.