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

CONTENTS

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
PT	Physiotherapy

FOREFOOT PROCEDURES

Arthrodesis First MTPJ

Postop:
Benefoot Rocker sandal & Full weight bearing for 8 weeks
Foot elevation 7 to 10 days
DVT prophylaxis – 5 days

Follow-up:

2 weeks	Wound check & ROS at plaster room Wednesday A.M. clinic
8 weeks	W/B Foot AP & Lat radiographs Wean from postop sandal to normal footwear (Walking shoes/ rocker bottom shoes for further 8 weeks)
14 weeks	W/B Foot AP & Lat radiographs to check radiological union Discharge if all well

Explain risk of metalwork prominence

Cheilectomy First MTPJ/ CARTIVA replacement

Postop:
Flat postop shoes for 2 weeks
Passive mobilisation 1st MTPJ
Foot elevation 5 days
FWB
Refer to Physio to be seen from 2/52

Follow-up:

2 weeks	Wound check & ROS at plaster room Wednesday A.M. clinic MTPJ exercises Encourage tip toe walking, high heels Toe alignment splint at night (into DF) up to 3/12
8 weeks	Check clinical progress Discharge if all well Cartiva FU Long term (6/12 then annually)

Hallux & Metatarsal Osteotomies:

Scarf/Chevron Osteotomy,

First Metatarsal basal Osteotomy,

Weil Osteotomy /BRT Osteotomy,

Osteotomy of Proximal Phalanx (Akin, Moberg)

Postop:
Benefoot rocker sandal & FWB for 6 weeks

Foot elevation 7 to 10 days
DVT prophylaxis – 5 days

Follow-up:

2 weeks	Wound check & ROS at plaster room Wednesday A.M. clinic Passive mobilisation First MTPJ / lesser MTPJ (Weils) Toe Alignment splint if mentioned in post op notes for 3 months postop then at night time upto 6 months Massage scar with E45 cream To wean from postop sandal after 6 weeks
8 weeks	Normal footwear (trainers one size larger than usual) W/B Foot AP & Lat radiographs Drive from 6 weeks postop if comfortable and could emergency stop Sporting activities after 4 months Left with open appointment if all well

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

Postop:
Benefoot Rocker sandal & Full weight bearing for 8 weeks
Foot elevation 7 to 10 days
DVT prophylaxis – 5 days

Follow-up:

2 weeks	Wound check & ROS at plaster room Wednesday A.M. clinic
6 weeks	W/B Foot AP & Lat radiographs Removal of K wires from lesser toes Toe alignment splint if mentioned in postop notes till 3 months postop and up to 6 months night time Wean from postop shoes from 8 weeks postop (walking shoes/rocker bottom shoes for further 8 weeks)
14 weeks	W/B 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:
Benefoot postop sandal for 6 weeks
Foot elevation 5 to 7days
FWB

Follow-up:

2 weeks	Wound check & ROS at plaster room Wednesday A.M. clinic Passive mobilisation of lesser toes

	Toe Alignment splint if mentioned in postop notes for MTPJ procedures 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 and could do emergency stop Left with open appointment if all well

MIDFOOT PROCEDURES

First Tarso-Metatarsal Arthrodesis for Severe Hallux Valgus (LAPIDUS FUSION)

Postop:
Benefoot sandal & Full weight bearing for 8 weeks or BK plaster – Check postop notes
Foot elevation 7 to 10 days
DVT prophylaxis – 5 days

Follow-up:

2 weeks	Wound check & ROS at plaster room Wednesday A.M. clinic Passive mobilisation First MTPJ / lesser MTPJ (Weils) Toe Alignment splint if mentioned in postop notes for 3 months postop then at night time upto 6 months Massage scar with E45 cream
8 weeks	W/B Foot AP & Lat radiographs Wean from postop sandal/ plaster & FWB in walking shoes/ rocker bottom for further 8 weeks
14 weeks	W/B 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
Heel weight bearing (HWB) 8 weeks
DVT prophylaxis for plaster duration

Follow-up:

2 weeks	Wound check & ROS at plaster room Wednesday A.M. clinic Below knee cast HWB
8 weeks	W/B Foot AP & Lat radiographs Rocker bottom/ Walking shoes for 8 weeks

14 weeks	W/B 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:
Benefoot sandal & Full weight bearing for 8 weeks or BK plaster FWB– Check postop notes
Foot elevation 7 to 10 days
DVT prophylaxis – 5 days or 2 weeks if plaster applied

Follow-up:

2 weeks	Wound check & ROS at plaster room Wednesday A.M. clinic
8 weeks	W/B Foot AP & Lat radiographs to assess healing Wean from postop sandal/ plaster & FWB in walking shoes/ rocker bottom for further 8 weeks
14 weeks	W/B 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
NWB/ HWB for 8 weeks
DVT prophylaxis for plaster duration

Follow-up:

2 weeks	Wound check & ROS at plaster room Wednesday A.M. clinic Below knee cast HWB
8 weeks	W/B Foot AP & Lat radiographs Replace plaster with Aircast boot PWB for further 4 weeks Intermittent mobilisation of ankle maintain DF
14 weeks	W/B 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
NWB for 2 weeks if struggling
complete plaster and allow FWB –
But check in postop notes reg WB
DVT prophylaxis for plaster duration

Follow-up:

2 weeks	Wound check & ROS at plaster room Wednesday A.M. clinic Below knee cast PWB to FWB depending on fixation
8 weeks	W/B Ankle AP & Lat radiographs Replace plaster with Aircast boot Intermittent mobilisation of foot
14 weeks	W/B 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
NWB for 2 weeks if struggling
complete plaster and allow FWB
DVT prophylaxis for 2 weeks - LMWH

Follow-up:

2 weeks	Wound check & ROS at plaster room Wednesday A.M. clinic, Below knee cast FWB
8 weeks	W/B Ankle AP & Lat radiographs Replace plaster with Aircast boot Intermittent mobilisation of ankle
14 weeks	W/B 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 (HWB) 8 to 12 weeks
DVT prophylaxis for plaster duration

Follow-up:

2 weeks	Wound check & ROS at plaster room Wednesday A.M. clinic Below knee cast HWB
8 weeks	Ankle & Foot AP & Lat radiographs Replace plaster with Aircast boot Intermittent mobilisation of ankle PWB for further 4 weeks, progressing to FWB at 14 weeks
14 weeks	W/B 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
NWB for 2 weeks if struggling
complete plaster and allow FWB
Refer to Physio -to commence at
2/52
DVT prophylaxis for the 2 weeks

Follow-up:

2 weeks	Wound check & ROS at plaster room Wednesday A.M. clinic, Aircast boot FWB. Commence physiotherapy ROM ankle from 2 weeks
8 weeks	W/B Ankle AP & Lat radiographs to check position of prosthesis, Note for stress fracture.
4 months	Check clinical progress
12 months	Annual followup with weight bearing radiographs to check symptomatic improvement, cyst formation, migration 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
Microfracture – No impact sports 6 months

Follow-up:

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

Peroneal Tendon Stabilisation

Postop:
Below knee backslab
Foot elevation 5 to 7 days
NWB 2 weeks if struggling then
complete plaster and allow W.B.
DVT prophylaxis for plaster
duration
Refer to Physio, to begin at 4/52

Follow-up:

2 weeks	Wound check & ROS at plaster room Wednesday P.M. clinic Below knee cast in neutral FWB for 4 weeks postop
4 weeks	Physiotherapy - ROM ankle Ankle brace – Aircast Stirrup/functional brace
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
NWB 2 weeks if struggling then complete plaster and allow W.B
Refer to Physio to commence at 2 or 4/52 – check post op notes

Follow-up:

2 weeks	Wound check & ROS at plaster room Wednesday A.M. clinic Below knee cast in neutral FWB for 4 weeks postop If tie brace used to reinforce repair then PT from 2 weeks
4 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
DVT prophylaxis for 2 weeks

Follow-up:

2 weeks	Wound check & ROS at plaster room Wednesday P.M. clinic VACOPED boot set in equinus Reduce 5 degree equinus every week till plantigrade FWB as comfort allows Exercise leaflet to commence intermittent exercises Refer to Physio to commence at 8/52
8 weeks	Remove VACOPED boot Commence Physiotherapy – calf strengthening 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 & allow Weight bearing
Foot elevation 7 to 10 days
DVT prophylaxis for 6 weeks

Follow-up:

2 weeks	Wound check & ROS at plaster room Wednesday A.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

Refer to Physio to commence at 2/52
DVT prophylaxis for 2 weeks

Follow-up:

2 weeks	Wound check & ROS at plaster room Wednesday A.M. clinic, VACOPED set in 30 degree equinus Reduce 5 degree equinus per week till plantigrade Give exercise leaflet to commence intermittent PT Remove the boot at 10 to 11 weeks
10 weeks	Ensure plantigrade foot, Check the ankle of dangle Commence Strengthening work in PT Left with open appointment

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
NWB 2 weeks if struggling complete
the plaster and allow FWB
DVT prophylaxis for 6 weeks

Follow-up:

2 weeks	Wound check & ROS at plaster room Wednesday A.M. clinic, Below knee cast 8 weeks Refer to Physio to commence after 8/52 check
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	Ankle + Foot AP & Lat radiographs – WB 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

Follow-up:

2 weeks	Wound check & ROS at plaster room Wednesday P.M. clinic Below knee cast in neutral PWB Start FDL (Tib post) activation exercises in cast Refer to Physio to commence at 8/52
8 weeks	Ankle AP & Lat radiographs to check calcaneal osteotomy Aircast boot Commence physiotherapy – ROM & Muscle strengthening To see orthotist in Friday clinic
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

Proximal medial Gastrocneumius lengthening for Heel pain

Postop:
Below knee backslab for 2 weeks
To keep the knee extended
NWB for 2 weeks
DVT prophylaxis for 2 weeks
Refer to Physio to commence at 2/52

Follow-up:

2 weeks	Wound check & ROS at plaster room Wednesday P.M. clinic Commence Physio for Achilles stretching
8 weeks	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 15-20 mins in Every hour

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. You should be comfortable to perform emergency stop before you start driving.

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

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