Post-operative Instructions for Posterior Tibial Tendon Dysfunction  
(Flexible Flat Foot Reconstruction)

**Description of your procedure**

This procedure involves reconstructing your arch. Depending on your deformity, multiple procedures may be necessary. Usually your Achilles tendon is contracted/tight, so a lengthening is performed to correct this and prevent recurrence. This can be done in two ways. First, you may have three small incision along the midline of the Achilles to release part of the tendon. This allows the tendon to slide and lengthen without requiring suturing. This is referred to as a Percutaneous lengthening. The second way to do this is to open the tendon sheath, cut the tendon in a Z shape, lengthen it and sew it back together.

The next step in the surgery is to correct the position of your heel. This is done by cutting the bone and shifting it over (just like breaking the bone and realigning it.). Two screws or a plate and screws are used to hold the corrected position. The next step in the surgery is to debride the posterior tibial tendon (the diseased tendon) and replace it with the Flexor Digitorum Longus tendon (flexor to the little toes). Occassionally the forefoot is in an abnormal position and this needs to be corrected. This is performed with either cutting the bone and realigning it or creating a fusion through the affected joint.

**What to expect week by week**

**Week 0-2**

- You are in a splint to protect your incisions and allow them to heal. You may loosen the Ace wraps if it feels too tight, but do not remove the splint. Please call if it still feels tight or feels like it is rubbing.

- You are non-weight bearing-use your crutches, walker, wheelchair, or knee scooter for getting around.

- Elevate and Ice your foot 15 minutes every hour. You may get up and around as desired

- Take your pain medicine on a regular basis for the first 2-3 days. You may then start spreading out your pain medicine as tolerated. Try going 5 hours instead of 4, then 6, 7, etc. If you had a popliteal block,
you will be numb from the knee down for 12-48 hours, occasionally longer. Start your medicine before the block wears off and your sensation returns.

- You are at risk for a blood clot anytime after surgery. Try getting up and moving around every hour. Flex and extend your knees, ankle if possible and toes to help keep your blood in your veins moving. If you develop swelling in the calf or thigh which does not go away with elevation, or pain/cramping which does not go away in the calf or thigh, call us. If you get chest pain, shortness of breath, or anxious feeling, go directly to the ER. These are signs of a blood clot going to your lungs, which can be deadly.

- You may shower, if you cover your splint with a cast cover or plastic bag. If it gets wet, put hair dryer on low and dry it. Call us to get it changed.

**Weeks 2-6**

- You may be transitioned to a boot walker depending on your wound healing. Often times, you will be recasted for 1-2 weeks to allow the wounds to heal. The outside of your foot is lengthened with this procedure and the inside is slightly shortened, which puts increased tension on the wound. You are still non-weight bearing. Continue to use your crutches, walker, wheelchair, and knee scooter. This is to allow you to shower and start moving your toes.

- Continue to ice and elevate as necessary to help with the swelling. The more swelling you can avoid, the better the healing.

- When you are placed in the bootwalker, you will start gentle ankle motion. You will also want to start moving your toes.

- You may start showering, once you are placed in the bootwalker. In the shower, use a gentle antibacterial soap, such as Dial, and dry it well. Recover the wound with sterile gauze until it is completely healed.

**Weeks 6-12**

- You may start weight bearing once the bone appears to be healing and instructed by your doctor or PA. You will continue to use your bootwalker with an arch support. I recommend trying 25% of your weight with crutches or walker, then 50%, then 75%, and then 100% as tolerated. If you have a scale at home, weigh yourself. Divide your weight by 4, which will give you the 25%. Using your crutches or walker, stand over your scale keeping your weight on your good foot, slowly press down on your surgical foot until it is 25%. See how that feels and that is how much you can weight bear. Stay here for 3-7 days until you can do so comfortably. Repeat with 50,75, and 100% weight bearing.

- You will start weaning out of your bootwalker into a regular shoe with an arch support. Start with an hour a day; then slowly increase the time in your shoe every few days as comfort allows. If you experience increased swelling or pain, you are doing too much. Decrease you time until it improves.

- You will need to wear an arch support up to a year. It takes a good year for everything to heal. At that time you can start getting into other shoes and walking barefoot. Walking without an arch support during this time can lead to failure.
• The swelling will improve with time. Everyone has resolution at different points. You can do contrast baths (ice water bath for 1 minute, hot water bath for 1 minute, alternating for 10-15 minutes), elevate, massage, and wear compression socks to help with the swelling. Mobilize the joint with active and passive techniques. A physical therapist can help break up scar tissue and improve swelling.

• Complete healing usually occurs by 18 months to 2 years. You can advance activities as pain and swelling allow. Start off slow, maybe half of normal activities, such as walking, riding a bicycle or swimming. If you are a runner, try intervals (run 1 minute, walk 4 minutes) and progress weekly.

Complications

• Infection- If you develop redness, warmth, fever, chills at any point call us. Infection is more common in diabetics, smokers, people with vascular disease, older patients, and those with autoimmune diseases such as Rheumatoid arthritis.

• 2. DVT/PE- blood clots in the leg may travel to the lungs. If you have a personal history or family history, I will usually start you on a blood thinner (Lovenox shots or Xarelto pills) for 2 weeks post-operatively. If not, call if you develop any swelling in the calf or thigh, which does not go away with elevation. If you develop calf pain or thigh pain, these can be signs as well, so please call us. We will send you over for an ultrasound to look at your veins to see if you have a blood clot. If it is positive, you will be started on blood thinners. If you develop chest pain, shortness of breath, or anxious feeling go to the ER. These are signs of a blood clot going to your lungs. They will do special tests to look for a blood clot in your lungs.

• Arthrofibrosis or stiffness in the joint can occur. This is why early ROM is necessary to help get the joint moving. This can be painful as it changes your gait. Physical therapy can help. Scar tissue can also make it difficult to wear shoes and resume normal activities.

• Wound healing problems can occur. Usually the wound will heal in 7-10 days, but may take longer or even break down in smokers, diabetics, vascular disease, older patients, and those with autoimmune diseases such as lupus and RA. Usually you will be treated with wet-dry dressing changes, which you clean the wound daily with sterile water or antibacterial soap and then place a slightly dampened sterile gauze over the wound followed by dry gauze. This is changed either once or twice a day until healing occurs. If significant wound break down occurs, you may need to go to a wound care center and/or wound care clinic.

• The nerves may become irritated. If this occurs, it can take on average 18 months for the nerve to recover. Even so, the nerve may never completely recover. This can lead to numbness, tingling, burning, swelling, and pain. We treat this with medication, desensitization, and topical ointments or lidocaine patches.