



LIGAMENT AND TENDON SURGERY

*Understand your condition.
Know your next steps.*

Posterior Tibialis Tendon Repair

WHAT IS A POSTERIOR TIBIALIS TENDON TEAR?

The posterior tibialis tendon is a tendon along the inside of the foot and ankle. This tendon is responsible for maintaining the arch of the foot and actively inverting the foot. When the tendon ruptures, the arch of the foot becomes flat, and no support is present on the inside of the ankle. The tear can be caused by a trauma or an overuse injury.

WHAT IS A POSTERIOR TIBIALIS TENDON REPAIR?

To prevent further collapse of the arch, a repair must be performed. It is not possible to repair the torn tendon, so a new tendon must replace the torn one. The tendon used is one of the many tendons that move the toes and is called the flexor digitorum longus tendon. Often the posterior tibialis tendon fails due to a flatfoot or low arch. In this case, it is likely necessary to do additional work to rebuild the arch in order to correct the underlying problem and ensure that the problem doesn't come back.

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Peroneal Tendon Repair

WHAT IS A PERONEAL TENDON TEAR?

The peroneal tendons are a set of tendons that run along the outside of your foot and ankle. They are primarily responsible for eversion of the foot. The tear can be from either a trauma or overuse injury.

WHAT IS A PERONEAL TENDON REPAIR?

Persistent pain and failed conservative treatment are reasons to consider surgery. Inflamed tissue is removed from the tendons, and the tear is repaired with stitches.

WHAT CAN I EXPECT AFTER THE SURGERY?

- » **Weight-Bearing:** You will not put weight on the affected foot for 2 weeks (non-weight-bearing).
- » **Physical Therapy:** Therapy is a very important part of your recovery. You will start a physical therapy program at the discretion of your surgeon.
- » **Immobilization:** You will be placed into a bulky Jones splint, a soft splint bandage to compress, limit movement, and protect the area after surgery.

WHAT IS THE TYPICAL FOLLOW-UP SCHEDULE?

- » **Two Weeks:** The bulky Jones splint is removed and the stitches are removed. Your foot is placed into a CAM boot and a progressive weight-bearing program is started. A CAM boot supports the foot and ankle and provides protection after surgery.
- » **Six Weeks:** Provider evaluates progress.
- » **Three Months:** Strength is evaluated.

Brostrom Ligament Repair

WHAT IS ANKLE INSTABILITY?

Two ligaments are attached on the outside of the ankle to help with stability of the ankle joint: the ATFL and the CFL. After an ankle sprain, these ligaments can become compromised resulting in multiple ankle sprains. Recurrent sprains are not only functionally incapacitating; the recurrent sprains significantly increase the risk of future ankle arthritis.

WHAT IS A BROSTROM LIGAMENT RECONSTRUCTION?

There are two main ligaments that will be repaired and tightened: the ATFL and the CFL. There are two methods that we use to reconstruct the ankle ligaments. The first surgery involves reattaching and tightening the two ligaments. The second type of ankle ligament reconstruction requires use of a partial portion of one of the outside tendons surrounding the ankle or using an allograft tendon (which comes from another person). The determination of which type of operation will be performed will be decided after a thorough examination.

WHAT SHOULD I EXPECT AFTER SURGERY?

- » **Weight-Bearing:** You will not put weight on the affected foot for 2 weeks (non weight-bearing).
- » **Physical Therapy:** Therapy is a very important part of your recovery. You will start a physical therapy program at the discretion of your surgeon.
- » **Immobilization:** You will be placed into a bulky Jones splint, a soft splint bandage to compress, limit movement, and protect the area after surgery.

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WHAT IS THE TYPICAL FOLLOW-UP SCHEDULE?

- » **Two Weeks:** The bulky Jones splint is removed and the stitches are removed. Your foot is placed into a CAM boot and a progressive weight-bearing program is started. A CAM boot supports the foot and ankle and provides protection after surgery.
- » **Six Weeks:** You will start a physical therapy program.
- » **Three Months:** Strength is evaluated.

Achilles Tendon Debridement and Repair

WHAT IS ACHILLES TENDINOPATHY?

Achilles tendinopathy is degeneration and inflammation of the Achilles tendon that result in thickening and pain. The tendon has a poor blood supply. The thickening (and pain) is scar tissue that has developed during the disease process.

WHAT IS ACHILLES TENDON SURGERY?

Surgery requires removal of the diseased tendon. Depending on the amount of tendon that needs removal, a tendon graft may be required to reconstruct the Achilles tendon. This can be accomplished with either an allograft (from another person, supplied through a tendon bank) or the flexor hallucis longus (your own toe tendon). If there is a bone spur, this will also need to be removed.

WHAT SHOULD I EXPECT AFTER SURGERY?

- » **Weight-Bearing:** You will not put weight on the affected foot for 2 weeks (non weight-bearing).
- » **Physical Therapy:** You will start a physical therapy program 6 weeks after surgery.
- » **Immobilization:** You will be placed into a bulky Jones splint, a soft splint bandage to compress, limit movement, and protect the area after surgery.

WHAT IS THE TYPICAL FOLLOW-UP SCHEDULE?

- » **Two Weeks:** The bulky Jones splint is removed and the stitches are removed. You will be placed into a CAM boot and a progressive weight-bearing program is started. A CAM boot supports the foot and ankle and provides protection after surgery.
- » **Six Weeks:** You will start a physical therapy program.
- » **Three Months:** Strength is evaluated.

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Gastrocnemius Recession

WHAT IS A GASTROCNEMIUS CONTRACTURE?

There are two muscles that make up the calf: the gastrocnemius and the soleus. Only the gastrocnemius crosses the knee, and if tight, can compromise ankle range of motion. This can cause multiple problems in the foot and ankle, including Achilles tendinopathy, plantar fasciitis, and metatarsalgia.

WHAT IS A GASTROCNEMIUS RECESSION?

A gastrocnemius recession includes release of part of the muscle to allow increased range of motion of the ankle with the knee extended.

WHAT SHOULD I EXPECT AFTER SURGERY?

- » **Weight-Bearing:** You will be weight-bearing as tolerated on the affected leg after surgery (non-weight-bearing).
- » **Physical Therapy:** You will start physical therapy 2 weeks after surgery.
- » **Immobilization:** You will be placed into a CAM boot that only needs to be worn at night while sleeping for the first 2 weeks. If there is pain with ambulation, you can also wear the CAM boot during the day. A CAM boot supports the foot and ankle and provides protection after surgery.

WHAT IS THE TYPICAL FOLLOW-UP SCHEDULE?

- » **Two Weeks:** The stitches are removed and physical therapy is implemented. If you have not weaned out of the CAM boot, this program is also started.
- » **Six Weeks:** Evaluate progress in physical therapy.
- » **Three Months:** Strength is evaluated.

NOTES

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