

#weareNHFT



Northamptonshire Healthcare
NHS Foundation Trust

FLATFOOT SURGERY

PODIATRIC SURGERY

INFORMATION LEAFLET



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nhft.nhs.uk/podiatric-surgery



**MAKING A
DIFFERENCE
FOR YOU,
WITH YOU**

This leaflet is intended to provide you with additional information about your proposed treatment and assist you in making an informed choice. Please take time to read this booklet well before your planned foot operation. It is your responsibility to ask, if you feel you need more information about your foot condition or any proposed treatment.

WHAT IS WRONG WITH MY FOOT?

The arch of your foot flattens when you walk. This can be normal and not necessarily cause pain or discomfort. However, surgery is required in those patients who have a flatfoot which is causing pain and damage to the tendons, either on the inside of the ankle and / or joint pain / arthritis. Surgery is only recommended when conservative treatment options, such as insoles, have failed.

NORMAL FOOT



FLAT FOOT



WHY HAS THIS HAPPENED?

For some, a flat foot will have been apparent since childhood, for others it will be a progressive deformity. There is no single causing factor. Some conditions can aggravate flat foot such as being overweight, foot function / mechanics, activity levels and flexibility. Often only one foot is affected.

DO I HAVE TO HAVE AN OPERATION?

Many people have flat feet that are not painful and never become so. The majority of patients with a flatfoot are managed well with non-surgical treatment such as steroid injections, custom insoles etc. Unfortunately a minority of patients do not respond to such treatment and may need surgery.

HOW SURGERY CAN HELP

Flat foot reconstruction is performed to relieve pain, realign the foot / ankle and restore function. The primary intention of surgery is to reduce pain.

Surgery will not give you a normal foot. It should however manage the discomfort in your foot and help you increase your activities. Whilst pain is often managed some patients do report stiffness following the operation.

BEFORE SURGERY

WHAT DO I NEED TO DO BEFORE I COME IN FOR MY OPERATION?

- Check your appointment letter to make sure you know what time to arrive and where to go
- Cut your toenails and clean under the nails well the day before surgery
- Remove all nail polish (including finger nails)
- Remove jewellery except for your wedding ring (if you have one)
- Wear loose clothing on your legs as a large dressing will be applied after the operation

- You may bring along a personal music (stereo) player with headphones, mobile phone, computer tablet, book, magazine
- Take any prescribed medicines as normal unless you have been told differently
- If you need to take regular pre-prescribed medication during your time in the department, or may have need of an inhaler or angina spray, please remember to bring these with you
- If you have been advised to arrange any tablets / medicines by your podiatric surgeon remember to obtain these prior to your operation. Likewise if you have been asked to obtain these from your own doctor please arrange well in advance
- Read any additional information you may be given regarding your admission for surgery

CAN I EAT BEFORE I COME IN FOR MY OPERATION?

Yes. As we use local anaesthetic you may have a light meal and a drink before you attend.

IF I AM ILL BEFORE THE DATE OF MY OPERATION SHOULD I CANCEL?

Yes. If you are feeling unwell near the date of your operation or if either you or a member of your household is suffering from an infectious disease you are advised to contact the department.

If you have to cancel your appointment you must contact us so an alternative appointment can be arranged. We may be able to offer your appointment to another patient so notice is appreciated. On the day of surgery if, for example, your blood pressure has raised or you have developed other medical problems, the surgery may be delayed or postponed.

SURGERY

WHAT WILL THE OPERATION INVOLVE?

The operation will often involve a number of procedures around your foot and ankle. A cut to the heel bone is often used to help realign the foot, this is fixed with screws and plates. A procedure to the tendons / ligaments on the inside of the ankle may be performed. Further surgery to the bones on the inside or outside of your foot is often required.

Patients with a painful flat foot often have a tight calf which may also be addressed during your surgery. Your surgeon / team will discuss the operation in detail with you prior.

ANAESTHESIA

Like dentists, our team perform surgery on a day-case basis under local anaesthesia – you will therefore be awake during the surgery. This is done using a series of injections at the ankle or knee. Using this form of anaesthesia has a lower risk than is associated with general anaesthesia.

The anaesthesia works by taking away pain but not the sensation of touch - you will not feel any pain during the operation though you will feel the surgeon touching the foot. The local anaesthetic will wear off about three to ten (3 to 10) hours after surgery.

If you decide you want to be operated on under general anaesthesia you will be referred on to the Orthopaedic Department via your GP.

WILL I NEED CRUTCHES?

Yes. Your foot will usually be placed in a cast for at least six (6) weeks. During this period you will not be able to put weight on the operated foot.

WHAT WILL HAPPEN AFTER THE OPERATION?

GENERAL

A responsible friend or relative must ensure you get home safely. **Public transport is not appropriate.** Elevate the leg(s) on the way home.

The foot will be quite sore for the first two days and you will be given painkillers on the recovery ward immediately after surgery. You should continue to take these for the next few days as required.

If, after surgery, you experience an excessive amount of pain after the anaesthetic wears off, this can be helped with application of an ice pack at the ankle - 10 minutes on/10 minutes off - three times, a maximum of six (6) times in a 24 hour period.

If you continue to experience pain, contact your on-call GP service, NHS 111 or Accident and Emergency (A&E). They will need to know what operation you have had and what painkillers you have already taken.

WHY DO I NEED TO HAVE SOMEONE STAY WITH ME AFTER SURGERY?

This is for your own safety. Although exceedingly rare, it is possible you may feel unwell after surgery, or you may fall and require assistance.

You must have someone with you **at all times** for the first 48 hours.

If you cannot arrange this, please let us know as we will have to postpone your surgery.

AFTER SURGERY, WHEN CAN I HAVE A BATH?

You must avoid getting the dressing wet as this may cause the wound to become contaminated. We find it is best to avoid bathing or showering though there is a range of specially designed dressing protectors (polyurethane bags) that can be used to cover the foot.

INSTRUCTIONS FOR THE FIRST FEW DAYS AFTER SURGERY

To assist in the avoidance of post-operative swelling we ask you to completely rest for the first two weeks after surgery, with your foot elevated above your hip. Place your feet on a pillow for comfort (avoid compressing the calf muscle). During this time you are encouraged to wiggle your toes and try and squeeze your calf muscle (within the limits of your cast).

Walking should be restricted - going to the toilet and back again **only**.

This is why we insist someone is able to care for you during the first 48 hours so they can look after you.

Remember if you are not able to have someone stay with you, we will need to postpone the date of surgery.

INSTRUCTIONS FOR THE FIRST SIX WEEKS AFTER SURGERY

After 10 to 14 days you will need to attend your suture removal appointment. At this appointment your temporary cast (back slab) will be replaced with a full below knee cast. You will still be unable to put weight on your foot until after your six (6) week check.

Your foot may feel stiff; most patients report a significant reduction in discomfort after the first week of surgery. Aching, tingling and rubbing are all to be expected. You will have a check appointment six (6) weeks following surgery where your cast will be changed and your wounds checked.

WEEK SIX TO WEEK 26

At your six (6) week appointment it is usual to be sent for an x-ray. Clinical staff will advise on activity levels and whether you may put weight on your foot at this point.

This will depend on many factors. Some patients may remain in a below knee cast, some may transition to a weight bearing boot others may return to good supportive trainer style shoes.

Flat foot surgery can often take a whole year to recover from and may require input from a physiotherapist. The prognosis following your surgery will be discussed with your prior to surgery.

WHEN CAN I DRIVE A CAR?

You will be unable to drive for at least six (6) weeks. We advise you contact your car insurance provider to ensure they are aware of any factors which may compromise your ability to drive.

WHEN CAN I RETURN TO WORK?

All patients having flat foot surgery will require a minimum of eight (8) weeks refrain from work activities, in some cases this may be longer. Obviously it will depend on the type of work you do as well as the nature of the surgery. If you have a physically active job you may be advised to take more time off than if you worked in an office. Although the skin heals relatively quickly, it takes many months for all the bones and tendons to return to full strength. Also remember it is possible for the foot to remain sore and swollen for some time.

If you require a "fit note" you will be able to obtain this from your own family doctor - **we cannot provide these**. We will write to your GP to keep them informed of your progress.

OUTCOMES AND RESULTS

HOW SUCCESSFUL IS THE OPERATION?

Flat foot surgery aims to restore alignment and some functionality of your foot as well as reduce pain. We are unable to predict activity levels following surgery. It is hoped the majority of your pain associated with the flat foot will have settled, however stiffness and a lack of 'spring' to your foot may still remain. This may reduce some of your intended activities.

COMPLICATIONS

The mechanism for achieving a successful outcome and avoiding complications is a system of screening and investigations undertaken at various stages of your care.

The best result also requires your co-operation after surgery, based on the guidance and advice given.

Complications themselves can usually be revised or treated and should not result in permanent disability or pain.

The possible complications associated with surgery are as follows:

- recurrence of the lesion (the most common problem we see)
- infection (about a 2% risk overall)
- prolonged swelling of the foot/ toes
- delayed healing of soft tissue or bone
- irritation from the screw or wire if used (about 5% require later removal)
- a thick and/or sensitive foot or scar (very rarely, from a chronic nerve pain)
- loss of sensation, usually temporary though occasionally permanent
- deep vein thrombosis (0.5% risk)

SHOULD I WORRY ABOUT CONTRACTING MRSA?

MRSA is a type of bacteria that can sometimes occur naturally on your skin without causing you any harm. However in rare instances if this bacteria gets inside a wound it can cause an infection.

None of our patients have ever contracted MRSA following their surgery. Some patients will be screened for MRSA prior to surgery. Having MRSA on your skin prior to surgery does not prevent your surgery from going ahead, you will however be given an antiseptic wash to use prior to your surgery.

CONTROL OF INFECTION

Podiatric surgery is carried out under strict infection control guidelines using full theatre (aseptic) technique. You will be given a small dose of antibiotics immediately before surgery if we insert any implant or prosthesis to help reduce the risk of infection after surgery. Please ensure you take a bath or shower using normal soap on the day of your surgery.

It is very important you keep your dressing dry after surgery, as wet dressings will often cause wound infection. **Contact us immediately if you do get the dressing wet, as you will need a change of dressing.**

We will inspect your wound after surgery and inform you if you need further antibiotics but you must let us know if the following occur as they could indicate a developing infection:

- An increase in pain four to five (4 to 5) days after surgery
- A discharge through the dressing (other than iodine or a small amount of blood)
- An offensive odour

DEEP VEIN THROMBOSIS

Deep vein thrombosis (DVT) occurs when a blood clot forms in a vein. The DVT usually forms in a deep leg vein and can be caused by immobility (lack of movement).

Deep leg veins are the larger veins that run through the muscles of the calf and thigh. A DVT can form across all or part of the width of your vein, which can block your blood flow either completely or partially. DVT and pulmonary embolisms (clots in the lungs) are conditions known as venous thromboembolisms.

The symptoms of a DVT in the leg include:

- swelling
- pain
- warm skin
- tenderness
- redness, particularly at the back of your leg, below the knee

A DVT usually (although not always) affects one leg. The pain may be made worse by bending your foot upward towards your knee. In some cases, there may be no signs or symptoms of DVT at all in the leg. The problem may only become apparent when a pulmonary embolism develops as a result of the blood clot in the leg.

Symptoms of a pulmonary embolism include:

- breathlessness
- chest pain
- in severe cases, collapse

Both DVT and pulmonary embolism are serious conditions which require urgent investigation and treatment.

The post surgery thrombosis risk is calculated at 0.5%, however the more risk factors you possess the greater the chance of a clot forming.

In patients with a history of clots, medicines to help reduce the risk of the further clots following your surgery will be arranged.

You can reduce what risk factors by:

- Stopping smoking at least four (4) weeks prior to your operation and until you are recovered
- Avoiding medicines which predispose (carry an increased risk) to clots e.g. oral contraceptives, in discussion with your G.P, who will advise you of alternative measures of contraception – see below
- Follow the exercise regime as recommended by your podiatric surgeon or the team

ORAL CONTRACEPTIVE MEDICATION

Certain (oestrogen containing) oral contraceptive medications are associated with a slight increased risk of thrombosis.

You may wish to discuss the implications of this with one of the podiatric surgery team or your own GP. Stopping oral contraceptives means you are at risk of pregnancy unless alternative contraceptive measures are taken. Continuing with some types of oral contraceptives may mean you are at an increased risk of a blood clot.

SMOKING AND ALCOHOL

Smoking has the following adverse effects in relation to surgery:

- It delays wound healing
- It is associated with failure of bones to fuse ['knit together']
 - the risk increases 2.7 times more compared with a non-smoker
- Is associated with increased risk of thrombosis

Most of our patients who experience delayed healing are smokers. You are strongly advised to quit smoking prior to your surgery.

You are advised to avoid alcohol after your foot surgery, whilst on medication. Alcohol may interact with one or more of your medicines in addition to increasing the risk of falls post-operatively.

FOOTWEAR

Occasionally, the return to normal footwear may be delayed because of prolonged swelling or pain, especially if you are too active early after the operation. A very small number of patients cannot get back into their footwear style of choice.

ARE YOU DOCTORS?

The podiatric surgery team has an active research profile and incorporates staff and students from the University of Northampton. The team may consist of several different professionals all dedicated to the success of your surgery and for your assistance the common titles are explained below.

PODIATRIST

A clinician who has studied for three years to obtain a degree in podiatric medicine and registration with the Health and Care Professions Council. Podiatrists are independent clinicians, qualified to diagnose and treat foot problems. Podiatrists may specialise in particular areas of work e.g. the care of the diabetic patient or sports medicine. With the exception of nail surgery, podiatrists undertake the treatment of foot problems by non-invasive methods (until recently podiatrists were known as chiropodists).

TRAINEE IN PODIATRIC SURGERY

A podiatrist who has studied for a further two or three years to complete the initial sections of the Directorate of Surgery exams (or obtained an MSc degree) in the theory of podiatric surgery, and is undertaking a formal surgical training programme under the supervision of a consultant podiatric surgeon who is an accredited Tutor of the Faculty of Surgery.

SPECIALIST REGISTRAR IN PODIATRIC SURGERY

A past trainee in podiatric surgery who has successfully completed gained his / her podiatric surgical fellowship (qualification in the practice of podiatric surgery) and, is working as part of a continued training programme towards completion of the three year post fellowship specialist training period.

PODIATRIC SURGEON

A podiatric surgeon has successfully gained both his / her fellowship and a certificate of completion of training. A podiatric surgeon is a non-medically qualified specialist in the treatment of foot problems by both surgical and non-surgical methods. A podiatric surgeon has completed the training process and may have his / her own caseload.

CONSULTANT PODIATRIC SURGEON

After some years of practice within a Health Service Department of Podiatric Surgery, a podiatric surgeon may be appointed as a consultant i.e. the lead clinician appointed by an NHS trust, to provide a podiatric surgery service.

PLEASE ASK IF YOU HAVE ANY FURTHER QUESTIONS REGARDING YOUR SURGICAL CARE.



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Inspected and rated

Outstanding ☆



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