



**Orthopaedic Clinic
Foot & Ankle Division
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What is Acquired Flat Foot Deformity?

Failure or stretching of tendons or ligaments on the medial aspect (inside) of the foot and ankle may cause gradual collapse of the arch of your foot. The tendon which is located just behind the medial malleolus (inside of ankle) is called the Posterior tibial tendon. This tendon supports the arch of your foot, and allows your foot to act as a stable base during the push-off phase of walking. Additional stretching of the tendon and medial ligaments can allow the foot to rotate externally (to the outside), causing additional issues with walking and even weight bearing.

What testing and treatment may be done?

You may notice pain and swelling along the inside of your foot and ankle. Your feet may hurt at the end of the day, or after standing for long periods of time. Going barefoot may be difficult, but shoes with good arch support or special orthotics may help to alleviate some pain. Special braces may also be prescribed for you. Anti inflammatory medication may also be helpful with alleviating discomfort. You may also have physical therapy recommended for you to help strengthen the posterior tibial tendon. Should these conservative measures fail, or if the flatfoot deformity is very severe, surgery may be indicated.

What does surgery involve?

The goal of surgery is to obtain improved foot alignment, while maintaining motion of the foot and ankle. Surgery will involve making cuts (osteotomies) in the heel bone, (calcaneus) to realign the foot by shifting the calcaneus medially (inside of the foot). These osteotomies are performed through an incision on the lateral (outside) side of your foot. These procedures are performed in addition to a tendon transfer to strengthen the support of your arch. An incision will be made to the medial, or inside of your foot to allow the surgeon to do these procedures. The flexor digitorum longus tendon, which curls the small toes down, is harvested through this medial incision, and transferred (attached) to the navicular tuberosity. This reinforces or replaces the function of the posterior tibial tendon, which normally attaches to this same bone.

What happens after surgery?

After surgery, your foot will have a dressing and splint (made of plaster, with an opening in the front) is applied. These must remain in place until your first follow up appointment at 2 week post op. At this appointment we will remove the splint and dressing. Your incisions will be evaluated and sutures removed. You will then be placed in a short leg cast.

You will be instructed to keep your splint, or cast dry. We normally instruct you to use a large garbage bag to cover your leg, taping the top securing, to avoid water getting inside the bag. Should your splint or cast become wet, it is important for you to call us. We may need to change the dressing, splint, or cast to avoid problems.

Most patients will be non weight bearing for approximately 6 weeks, but may be adjusted according to individual factors.

4 weeks later, at your next appointment, (6 weeks post op). The cast will be removed and your foot assessed. At this time, you may be placed in a "walking boot", also called a fixed ankle walker. We typically begin gentle weight bearing at that visit, starting with 1 week of 50% weight bearing using assistive devices including a cane, crutches, or a walker. If you do not have significant pain or swelling after this week, you may begin ambulating without assistive devices at that time.

How do I keep weight off the foot during the initial healing period?

Most patients are able to remain mobile using crutches, a walker, or a rolling knee walker. If a wheelchair or other accommodations need to be made, we may refer you to a physical therapy prior to your surgery date to evaluate your needs for assistive devices. If you are unable to safely maintain non-weight bearing status post-operatively, you may need to spend time in a skilled nursing facility or rehabilitation hospital until you can safely mobilize.

Will this procedure be painful?

Often, our patients undergo regional nerve block involving numbing the major nerves of the foot and leg. If you receive a nerve block by the anesthesia team, you will often feel only minimal discomfort until the numbing medication wears off. This can provide substantial relief for up to 24 hours. Once you feel tingling in your toes, it is a good indicator that the nerve block is wearing off. You will be given a prescription for narcotic pain medication and we urge you to fill this prescription as soon as possible on the day of surgery and begin taking it as prescribed. Normally post op pain is at its worst in the first 24-48 hours. We recommend that you "double up" up by taking 2 tablets on a scheduled basis during these first two days. By the third day, you should be able to take the prescription less frequently, and only as needed. Typically, these narcotic pain medications include acetaminophen, the active ingredient in Tylenol. Taking more than 3 grams of acetaminophen in one day may result in injury to the liver. Caution must be taken not to exceed this limit, and the number of pills taken should be carefully monitored.

We do not recommend taking anti-inflammatory medication such as ibuprofen, naproxen, etc, as it may slow the rate of healing for the bone cuts and tendon transfer. Many patient's find their pain is very manageable by the end of the first post op week. However, patients who already take narcotic pain medication may have significant issues with pain control, an issue which should be discussed with your surgical team.

Please notify us of allergies, or other concerns.

Swelling can be expected post operatively as well. You can help with decreasing this, and to help decrease pain, by elevating your extremity. We like to say "toes above nose" and encourage you to do this as much as possible by elevating your extremity above the level of your heart with pillows. Minimizing the amount of swelling plays a significant role in pain control.

When can I return to work?

This question is difficult to answer. It depends on your rate of healing and the type of work you do. We encourage you to discuss this with your surgeon pre-operatively. We will be happy to provide you with work notes as you need them.

We also are happy to complete forms required for insurance, or short term disability. Please allow us 10-14 days to complete these forms. Should you have access to a fax machine, you may fax them to 434-924-1124.

How do I contact you if I have a problem?

Should you have problems, or concerns post op, please let us know.

Nurses are available M-F 8am to 5pm at 434-924-2663.

Please contact the Orthopaedic Resident on call after hours at 434-924-0000. The resident or nurse will contact the attending physician as necessary.