

Peroneal Tendon Repair

INTRODUCTION

One or both of the peroneal tendons (peroneus brevis and peroneus longus) can develop tears which result in lateral ankle pain and dysfunction. This most commonly occurs in people with an inverted heel or after an injury. Peroneal tendon repair or reconstruction aims to improve the function of the peroneal tendons and reduce lateral ankle pain. Repairing the tendon involves cleaning it up and suturing it back together. If one of the tendons is not repairable then it is transferred by reattaching it to the other tendon.

THE SURGERY

Peroneal tendon repair surgery involves several steps:

- General anaesthetic and IV antibiotics
- Tourniquet around the thigh
- Incision along the outside of the ankle
- Exposure of the peroneal tendons
- Repair and/or transfer of the tendons
- Closure of the tendon sheath and peroneal retinaculum
- Closure of incisions with sutures
- Local anaesthetic block
- Surgical camboot (VACOCast)

GUIDELINES FOR POST-OP RECOVERY

HOSPITAL ADMISSION

- In hospital for 1 night

FIRST 2 WEEKS

- Elevate foot and rest
- Strictly **NON-WEIGHTBEARING** in surgical boot
- Mobilise with knee scooter/crutches/frame
- Boot and dressings to stay dry and intact
- Strong painkillers as required
- Aspirin 100mg and Vitamin C 1g per day
- Antibiotics for 5 days
- Wiggle toes to encourage circulation

2 WEEK POST-OP APPOINTMENT

- Review by nurse & removal of dressings and sutures

WEEKS 3-6

- Commence **FULL WEIGHTBEARING** in boot
- Surgical boot on at **ALL** times, including in bed, except for rehab exercises & showers (seated with shower chair)
- Crutches/frame for balance and support
- Elevate foot when resting
- Continue Aspirin and Vitamin C
- Podiatry/physiotherapy review (arrange first appointment 2-5 days after 2-week post-op check)
- **REHAB - PODIATRY/PHYSIOTHERAPY:**
 - Joint mobilisation, soft tissue manipulation, nerve desensitisation
 - Gentle active ankle plantarflexion/dorsiflexion/eversion and toe flexion/extension
 - **NO** ankle inversion
 - Commence partial weightbearing and progress up to full weightbearing as tolerated
 - Exercise bicycle with surgical boot on
 - General upper body, core, hip and knee exercises

6 WEEK POST-OP APPOINTMENT

- Review by Dr Zilko

WEEKS 7-12

- **PODIATRY/PHYSIOTHERAPY:**
 - Transition to normal supportive gym shoes
 - Passive and active ROM of ankle & foot joints, including eversion/inversion
 - Peroneal activation and strengthening
 - Gait re-training, **NO** open chain impact exercises
 - Exercise bicycle in normal shoes
 - Continue lower limb strength and conditioning
- **ORTHOTICS:** New orthotics with small lateral hindfoot post and minimal medial arch support may be required

12 WEEK POST-OP APPOINTMENT

- Review by Dr Zilko

FROM 12 WEEKS

- **PODIATRY/PHYSIOTHERAPY:**
 - Continue lower limb strength and conditioning

Full recovery is usually 9-12 months.

Every patient's recovery is individual and depends on the severity of the disease and complexity of the surgery.