

Peroneal Tendon Stabilisation

INTRODUCTION

The peroneal tendons assist with ankle stability and prevent twisting injuries of the ankle. Injury to the ankle can cause one or both of the peroneal tendons to slip out of position, causing pain, swelling, ankle weakness and instability. If the tendons continue to slip out of position then surgery to stabilise and repair the tendons is indicated.

THE SURGERY

Peroneal tendon stabilisation surgery involves a number of steps:

- General anaesthetic and IV antibiotics
- Tourniquet around the thigh
- Incision over the tendons on the outside aspect of the ankle
- Exposure of the tendons and repair if required
- Deepening of the groove in the fibula to house the tendons
- Repair of the loose/ruptured soft tissue sling that holds the tendons in place (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 boot
- Mobilise with crutches/frame
- Boot and dressings to stay dry and intact
- Strong painkillers as required
- Aspirin 100mg and Vitamin C 1g per day
- Wiggle toes to encourage circulation

2 WEEK POST-OP APPOINTMENT

- Review by nurse & removal of dressings and sutures

WEEKS 3-6

- Surgical boot on at ALL times, including in bed, except for rehab exercises & showers (seated with shower chair)
- Elevate foot when resting
- Daily scar massage from 3 weeks post-op
- 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
 - Commence gentle ankle ROM exercises. **Avoid** eversion/dorsiflexion position, no active eversion.
 - Progress to full weightbearing as tolerated in surgical boot
 - 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 out of boot into normal supportive shoes
 - Full active and passive ankle/subtalar ROM
 - Peroneal tendon activation & strengthening
 - Ankle proprioception and stability exercises
 - Gait re-training
 - Exercise bicycle +/- elliptical trainer in normal shoes

FROM 12 WEEKS

- **PODIATRY/PHYSIOTHERAPY:**
 - Work-specific or sport-specific training
 - Safe to commence open-chain impact/running

Return to most activities 4-6 months.
Full recovery can be up to 12 months.

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