

Tibialis Posterior & FDL Tendon Transfers for Foot Drop

INTRODUCTION

Injury to the common peroneal nerve can result in foot deformity and foot drop. Tibialis posterior tendon and flexor digitorum longus tendon transfers aim to restore foot function, reduce discomfort and produce a more normal way of walking.

THE SURGERY

Tibialis posterior and FDL tendon transfer surgery involves a number of steps:

- General anaesthetic and IV antibiotics
- Tourniquet around the thigh
- Lengthening of the Achilles tendon
- Multiple incisions around the foot and ankle
- Exposure and harvesting of the tendons
- Tendon transfers and insertion into bone using suture anchors or screws
- Closure of incisions with sutures
- Local anaesthetic block
- Plaster cast

GUIDELINES FOR POST-OP RECOVERY

HOSPITAL ADMISSION

- In hospital post-op for 1 night
- IV antibiotics

FIRST 2 WEEKS

- Elevate foot and rest
- Strictly **NON-WEIGHTBEARING** in cast
- Mobilise with knee scooter/crutches/frame
- Cast 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 cast, dressings and sutures
- Change to VACOCast surgical boot

WEEKS 3-6

- Surgical boot on at ALL times, including in bed, except for physio/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 active and passive ankle, midfoot and forefoot ROM exercises. **Avoid forced plantarflexion.**
 - Commence partial weightbearing, and progress up to full weightbearing as tolerated - in surgical boot for all weightbearing
 - General upper body, core, hip and knee exercises

6 WEEK POST-OP APPOINTMENT

- Review by Dr Zilko

WEEKS 7-16

- **PODIATRY/PHYSIOTHERAPY:**
 - Transition out of boot into normal supportive shoes
 - Neuromuscular re-training
 - Gait re-training
 - Exercise bicycle/elliptical trainer
 - Continue lower limb strength and conditioning

FROM 16 WEEKS

- **PODIATRY/PHYSIOTHERAPY:**
 - Work-specific or sport-specific training
 - Safe to commence open-chain impact/running if tendon transfers well healed

Full recovery is usually 9-12 months.

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

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