

TENDON RECONSTRUCTION SURGERY POST-OPERATIVE GUIDELINES

INITIAL SURGICAL DRESSING

A gauze dressing will be covered by a very padded cast. This cast is too wide to accommodate a rubber walking boot. Caution is used to avoid sliding when the cast is resting on a hard floor surface. Occasionally, the cast needs to be decompressed if the pain control is not gained by 36 to 48 hours postoperative.

BED REST, ELEVATION, AND WEIGHTBEARING

Bed rest is prescribed for at least three days after operation. During the period of bed rest, the feet are elevated above the level of the heart. After the period of bed rest, progress with sitting with the feet elevated at chair level. Progressing with ambulation around the house is encouraged. Confinement to the house for the first week is recommended.

No weightbearing is allowed for at least one month after operation, longer if there has been an additional subtalar arthrodesis. Usually slow and deliberate progression in weightbearing is made at 25% increments after the first four weeks. Full weightbearing is approached about 7 weeks after the operation unless there has been a subtalar arthrodesis.

CRUTCHES/WALKER/CANE

Crutches are used for about 7 weeks. As almost full weightbearing is gained, transition to a cane is made. Initially, the cane is used on the side of the operated foot if one foot is operated upon. As comfort improves, walking is done more smoothly with a cane when the cane is in the opposite hand.

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BANDAGES, CASTS, AND WALKER BOOTS.

The initial cast is changed to a second cast at two weeks postoperative. At about 6 weeks postoperative, the cast is usually removed, x-rays taken and a removable walker boot applied.

FOOTWEAR AND ELASTIC STOCKING

At about 2 months postoperative, transition to a shoe is made, if the brace order has been completed. A lightweight hiking boot is often ideal. An elastic stocking is used at the time the walker boot is provided. The elastic stocking is used for approximately six weeks. A lightweight movable brace that fits within the shoe is worn beginning 2 months postoperative. It is worn for approximately six months. It is to prevent recurrence of deformity. Measurement for this brace occurs at the time the removable walker boot is provided. At 8 months postoperative, the use of the brace is deleted and an orthotic device is worn in the shoe. Sometimes fixed wedging of the shoe is prescribed.

SHOWERING, SUTURES, AND DRIVING

The cast should be kept dry. This can be done with double trash bags bound tightly at the knee with a strong rubber band. Commercially available “cast guards” are available through the internet. Search on Google using the term Cast Guard. The showering cast guards are also available at some orthopaedic supply stores.

Sutures are removed at two weeks postoperative.

When operation is on the right, driving is usually started at 8-10 weeks postoperatively with the brace, when safe. If the operative side is on the left, driving may be started two to three weeks postoperative. Earlier driving may cause increased swelling on the right as it is in a dependent position.

REHABILITATIVE EXERCISES

First week: Isometric exercises are begun on the day of surgery as soon as able. Tighten the muscles of the foot and leg for 20 seconds, relax briefly and repeat. A

“set” of isometric contractions is 5. Make an effort to do one set of isometric contractions every two hours of the waking day until ambulating with full weightbearing and without a cast.

Massage is started when a removable walker boot is used. Use both hands to grasp the ankle and the foot (including the toes). Apply progressively greater pressure with the hands. A set of massage is 5 twenty-second (hand applications). Do 4 or 5 sets per day in the initial two weeks of massage, then reduce the massage sets as motion exercises become emphasized.

Formal physical therapy is prescribed beginning with the time that a removable device is used. The physical therapy will emphasize maximizing residual motion, strengthening the lower extremity, and in the later phases of physical therapy, emphasis will be placed on developing maximum smoothness of walking (gait).

SKIN CARE

Skin care is to begin when a removable device is used. At that time, soften the skin with Vaseline, vitamin E ointment, or a thick hand lotion like Curel. When using Vaseline, cover the whole foot with a light amount of Vaseline and wipe away any excess. Do 2 or 3 times a day.