



**Dr Abay Sundaram - Orthopaedic Surgeon**

P 08 6332 6335

E [admin@drsundaram.com.au](mailto:admin@drsundaram.com.au)

W [drsundaram.com.au](http://drsundaram.com.au)



**Murdoch**

Murdoch Orthopaedic Clinic

Suite 10, 100 Murdoch Drive

Murdoch, WA 6150

## Peroneal tendon repair +/- Lateralising calcaneal osteotomy

### What is it?

- Pain behind your lateral malleolus (outside knuckle) caused by chronic wear and tear and disease of your peroneus brevis and longus tendons. Your tendons may be frayed, split, dislocate from their groove, or be completely ruptured
- It may occur in the presence of chronic ankle instability
- Your hind foot may be “varus”, which exacerbates the disease to the tendons, so correcting the axis of your hindfoot by reshaping the calcaneus (heel bone) will help support tendon healing.

### Intra-operatively:

- You will have a general anaesthetic and may have a block to your thigh, which will numb your leg to help reduce pain post-operatively. There will be curved 5 cm incision on top of your lateral malleolus and another 1 cm incision on the the lateral side of your heel. Another incision or two will be present at the bottom of your heel for the screws. All of these will have dissolving sutures.
- The inflamed synovium is removed and the peroneus brevis and longus tendons are examined. If the split tears can be repaired they will, if not, they will be piggy-backed onto the healthier tendon
- The calcaneus is cut through the incision using a minimally-invasive technique with specific burrs. One or two screws will fix the shifted heel bone.
- Xrays are taken intra-operatively and these will be shown to you to explain what has been performed.

### Post-operatively:

- You will stay a night in hospital to elevate your foot, receive and prophylactic antibiotics and manage pain and swelling.
- You will be in a moon boot to support the repair but you will NOT BE WEIGHT BEARING on the operative leg for a total of 6 weeks, and we ask that the boot remain on especially when sleeping or showering
- Because you are immobilized, we will give you aspirin 100mg daily for 6 weeks to help reduce the risk of deep vein thrombosis
- The bulky bandages can be removed 2 days later but please keep the water proof dressings intact until we see you in 2 weeks.
- You will not be able to drive for the 6 week period
- Dr Sundaram will see you at 2 weeks, 6 weeks and 3 months post-operatively, but you can expect up to 6 to 12 months for a complete recovery
- Physiotherapy:
  - For the first 2 weeks please do not remove the boot.
  - From the 2 week appointment you will be able to remove the boot for ankle range of motion (dorsiflexion and plantarflexion only) and gentle massage
  - If the xray at the 6 week appointment shows sufficient healing and no issues, you will be encouraged to start weight bearing fully and work with physiotherapy to recover your lower leg muscle strength, proprioception, re-learn symmetrical walking.

If you have any concerns please email us at [admin@drsundaram.com.au](mailto:admin@drsundaram.com.au) or call us on 08 6332 6335