

# EXCISION OF TARSAL COALITION

## What is the problem?

A tarsal coalition is an extra connection between two bones in the foot. The most common extra connections are between the talus and calcaneus bones and between the calcaneus and the navicular bones. In some cases the extra bony connections results in abnormal biomechanics of the hindfoot resulting in pain. If the connection is found before the development of osteoarthritis, the extra bone can be removed, resulting in significant symptomatic improvement.

## What's involved?

Excision of a coalition involves a number of steps. These include:

- General anaesthetic and intravenous antibiotics
- Incision over extra bone
- Removal of extra bone
- Insertion of CSI screw if required to improve the alignment of the foot
- Check x ray
- Closure of wound with stitches
- Infiltration with local anaesthetic

## What's the worst thing(s) that can happen with surgery?

All surgical procedures carry some risk. Fortunately the risk of complications with coalition surgery is low. Some of the risks of surgery include:

- Infection
- Problems with wound healing
- Nerve injury causing numbness, tingling and/or pins and needles
- Scarring
- Ongoing pain and stiffness
- Degenerative joint changes/osteoarthritis
- Deep venous thrombosis/pulmonary embolus. (The risk of DVT increase with smoking, oral contraceptives, hormone replacement therapy, immobility and obesity)
- Anaesthetic complications
- Drug allergy

## What can I expect after surgery?

### *Rest*

- You will have a boot on your leg. Keep foot elevated as much as possible, especially for initial 72 hours. Keep dressings dry and intact until post operative appointment.

- Mobilise short distances as pain allows, aim to remain in your own home for the first few weeks limiting long periods of standing or mobilising
- Bear weight as tolerated

#### *Pain*

- Pain relief may be required for up to 2 weeks; depending on your other medications this may include:
  - Regular paracetamol, anti-inflammatory drugs and break through opiate type medications

#### *Driving*

- Any surgery performed on the right foot or both feet will mean no driving for a minimum of 6 weeks
- If surgery was performed on the left foot then driving in an automatic is possible, but Dr Phegan would recommend waiting a minimum of two weeks before attempting to drive

**Driving any vehicle with a cast or boot is potentially hazardous and you should consider this before getting behind the wheel**

#### *Follow up*

- Keep all dressings dry and in tact for the first two weeks
- Removal of stitches/sutures typically occurs at an appointment with Dr Phegan and his in-house therapists at 10-14 days at first post operative appointment. Very occasionally some sutures need to stay in for longer
- Your appointment will be booked by Dr Phegan and a confirmatory SMS will be sent informing you of the time and date for follow up

#### *Typical milestones*

- 2 weeks: Wound review and removal of sutures, commence rehabilitation
- 2-6 weeks: regular physiotherapy to increase range and weight bearing
- 6weeks to 3 months: work on swelling reduction, scar massage and mobility
- Full recovery 3-6 months

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

#### ANY PROBLEMS

During office hours contact Dr Phegan's office on (07) 56711120 or email [info@drphegan.com](mailto:info@drphegan.com)

After hours please contact the hospital where your surgery was performed or attend your local GP