

PATIENT INFORMATION SHEET

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| 31 | TOPIC | Rigid Flat Foot | |
| PROCEDURE | | CUNEIFORM BONE OPENING WEDGE OSTEOTOMY WITH BONE GRAFT (Cotton Procedure) | |
| <p style="text-align: center;">Forefoot plantarly displaced by insertion of dorsal bone wedge</p> | | | |
| AIMS OF SURGERY | | <p>To reduce pain and deformity. This procedure is more commonly performed with accompanying procedures such as Achilles Tendon Lengthening/ Tarsal joint fusion. (You will have been given information sheets if other surgical procedures are to be performed)</p> | |
| ADVANTAGES OF THIS OPERATION | | <ul style="list-style-type: none"> <input type="checkbox"/> Can reduce the flattening of the foot <input type="checkbox"/> Reduces the instability / misalignment which is the cause of the deformity | |
| SPECIFIC RISKS OF THIS OPERATION | | <ul style="list-style-type: none"> <input type="checkbox"/> Joint stiffness <input type="checkbox"/> Arthritis in other joints <input type="checkbox"/> Resorbtion (collapse of the Graft) | <ul style="list-style-type: none"> <input type="checkbox"/> Non-union of bone (bone does not knit together) <input type="checkbox"/> Fixation problems (with the screws/plates/pins) <input type="checkbox"/> Dorsal displacement of the 1st metatarsal |
| OVERVIEW | | | |
| Operation time | | Usually between 60 - 90 minutes | |
| Incision placement | | Usually on top of the foot. | |
| Stitches | | We try to use absorbable stitches or skin clips. | |
| Fixation | | Internal fixation (bone screws or pins) are sometimes used You will not normally notice these and they do not usually need to be removed | |
| Will I have plaster? | | This is necessary. Usually for about 6 - 8 weeks. The team will let you know in advance | |
| Is this a Day Procedure? | | Yes, you can usually go home the same day (you will normally be admitted for half a day) | |
| Estimated time off work | | Non-manual work approximately 8 - 10 weeks Manual work 10-14 weeks | |
| INDICATIONS FOR THE PROCEDURE | | Painful Flat foot associated with dorsal displacement of 1 st metatarsal (forefoot varus) Painful unstable arch | |
| ALTERNATIVE TREATMENTS | Manage your symptoms by altering activity levels, using painkillers, changing footwear/ extra-width or special footwear or an in-shoe foot support. Intra-articular injection therapy, more extensive medial column fusion. | | |
| GENERAL RISKS OF SURGERY | The anaesthetic options and general risks of foot surgery are outlined in the Generic Pre-operative Information Booklet for Patients with which you will have already been provided YOU SHOULD READ THIS LEAFLET IN CONJUNCTION WITH THE GENERIC PRE-OPERATIVE INFORMATION BOOKLET FOR PATIENTS (Numbered 1) | | |
| MORE INFO BY: | <ol style="list-style-type: none"> 1. Speaking with your consultant or one of the clinical team 2. Reading the information provided 3. Looking at our Department's NHS Choices information or the Faculty of Surgery website 4. See our Podiatric Surgery public facing website pages on http://www.herefordshire.nhs.uk/ | | |

Surgery to Reduce RIGID FLAT FOOT

CUNEIFORM BONE OPENING WEDGE OSTEOTOMY WITH BONE GRAFT (Cotton Procedure)

Answers to Common Questions

The Operation

The operation is usually performed under a local anaesthetic, around the ankle or behind the knee. Most patients find this to be more comfortable than a dental injection.

The operation takes 60 to 90 minutes, although you will be in the Day Surgery unit for longer. You must have a competent adult at home for the first day and night after surgery. This allows us to be sure you will be safe for the first night. Your operated leg will be non weight-bearing in a cast for approximately 6 to 8 weeks and then in a walking boot for approximately a further 2 weeks. It is therefore very important that you have people to look after you and any dependants such as children, elderly or disabled relatives you have during this time

First 2-4 days

- This is the worse time for pain but you will be given painkillers and must rest completely.
- Your foot will be in a non weight bearing cast to below the level of your knee.
- You will be able to stand and take weight carefully through your other leg and crutches after the operation, but you must rest, with your feet up, as much as possible.
- You should restrict your walking to going to the bathroom and when getting about use your crutches in the way you will have been shown. **DO NOT PUT ANY WEIGHT THROUGH THE OPERATED FOOT.**

One week after surgery

- You will need to attend for your foot to be checked and, if necessary, redressed and re-casted.

Two weeks after surgery

- You must attend again. Sutures will be removed and a fresh cast applied.

Between 6-8 weeks after surgery

- The cast will be removed and if all is proceeding well, you will be fitted with a removable boot that will allow you to start walking.

Between 8-10 weeks after surgery

- If all has gone well you will be able to start wearing a good lace-up shoe/trainer.
- The foot will still be swollen and twinges of discomfort are not uncommon at this time due to you increasing activity. Your leg will feel naturally weak to start with as it has been in a cast.
- You will be instructed regarding rehabilitation exercise or you may be referred to a physiotherapist.
- You may return to work but may need longer if you have an active job
- You may return to driving if you can perform an emergency stop. You must check with your insurance company before driving again.

Between 12-16 weeks after surgery

- The foot should continue to improve and begin to feel normal again.
- There will be less swelling.
- Sport can be considered depending on your recovery.

Six months after surgery

- You will have a final review between 3- 6 months following surgery.
- The swelling should now be slight and you should be getting the full benefit of surgery.

Twelve months after surgery

- The foot has stopped improving with all healing complete.

Please note; if a complication arises, recovery may be delayed.