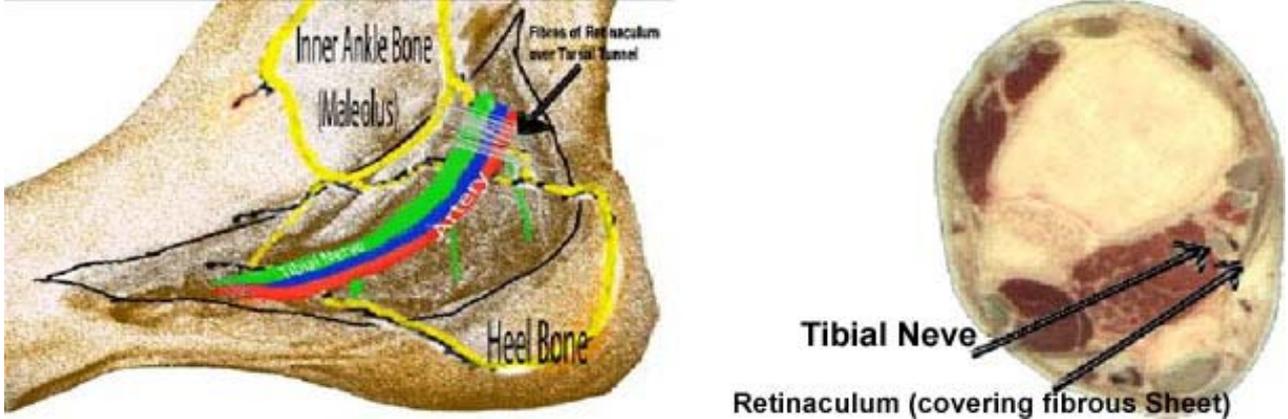


PATIENT INFORMATION SHEET

<b>37</b>	<b>TOPIC</b>	<b>Tarsal Tunnel Syndrome</b>	
<b>PROCEDURE</b>		<b>TARSAL TUNNEL DECOMPRESSION</b>	
 <p>The image contains two anatomical diagrams. The left diagram is a lateral view of the ankle, showing the 'Inner Ankle Bone (Maleolus)' and the 'Heel Bone'. It highlights the 'Fibres of Retinaculum over Tarsal Tunnel' and the path of the tibial nerve. The right diagram is a top-down view of the foot, showing the 'Tibial Nerve' and the 'Retinaculum (covering fibrous Sheet)' which forms the tarsal tunnel.</p>			
<b>AIMS OF SURGERY</b>		<p><b>To reduce pain</b>, "pins and needles", burning or numbness at the side of the ankle, or under the heel when walking or standing as well as in the arch, and under the foot to the toes.</p>	
<b>ADVANTAGES OF THIS OPERATION</b>		<ul style="list-style-type: none"> <li><input type="checkbox"/> Reduces the underlying cause of the problem by releasing the nerve compression</li> </ul>	
<b>SPECIFIC RISKS OF THIS OPERATION</b>		<ul style="list-style-type: none"> <li><input type="checkbox"/> Circulation impairment</li> <li><input type="checkbox"/> Thickened scar and/ or tender scar</li> <li><input type="checkbox"/> Areas of numbness</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Recurrence of the problem</li> <li><input type="checkbox"/> The problem could be made worse</li> </ul>
<b>OVERVIEW</b>			
<b>Operation time</b>		Usually between 40 to 60 minutes	
<b>Incision placement</b>		Usually on the medial side of the ankle over the Tarsal Tunnel	
<b>Stitches</b>		We try to use absorbable stitches (where possible)	
<b>Fixation</b>		Internal fixation (bone screws or pins) are not used.	
<b>Will I have plaster?</b>		This is usually necessary. The team will let you know in advance.	
<b>Is this a Day Procedure?</b>		Yes, you can usually go home the same day (you will normally be admitted for half a day)	
<b>Estimated time off work</b>		Non-manual work approximately 4 weeks Manual work 6 weeks	
<b>INDICATIONS FOR THE PROCEDURE</b>		Tarsal Tunnel Syndrome which remains unresponsive to non-surgical management	
<b>ALTERNATIVE TREATMENTS</b>		Manage your symptoms by calf stretch programme, ice packs, altering activity levels, using painkillers, changing footwear or special footwear or an in-shoe foot support. Steroid injection therapy	
<b>GENERAL RISKS OF SURGERY</b>		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 <b>YOU SHOULD READ THIS LEAFLET IN CONJUNCTION WITH THE GENERIC PRE-OPERATIVE INFORMATION BOOKLET FOR PATIENTS (Numbered 1)</b>	
<b>MORE INFO BY:</b>		<ol style="list-style-type: none"> <li>1. Speaking with your consultant or one of the clinical team</li> <li>2. Reading the information provided</li> <li>3. Looking at our Department's NHS Choices information or the Faculty of Surgery website</li> <li>4. See our Podiatric Surgery public facing website pages on <a href="http://www.herefordshire.nhs.uk/">http://www.herefordshire.nhs.uk/</a></li> </ol>	

# Surgery to Reduce Tarsal Tunnel Syndrome by Tarsal Tunnel Decompression

## Answers to Common Questions

### The Operation

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

The operation takes between 40 - 60 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 probably be in a non weight-bearing cast for approximately 1 week 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 probably 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 the cast to be removed and for your foot to be checked and redressed.
- A removable walking boot will be fitted and instructions provided.

### Two weeks after surgery

- You must attend again. Sutures will be removed the wound redressed.

### Between 2-6 weeks after surgery

- The boot may be dispensed with if all is proceeding well and 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 8 -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 upon 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.**