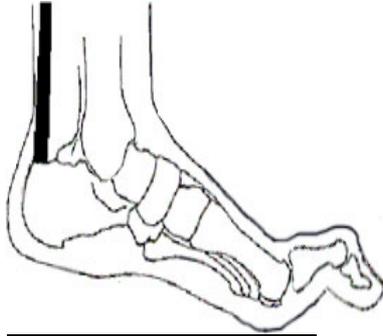
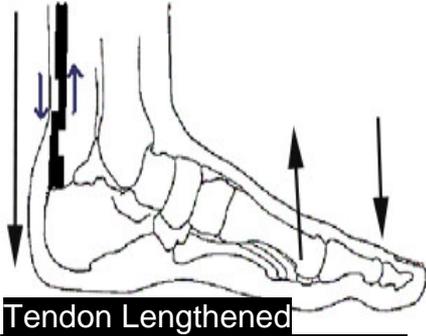


PATIENT INFORMATION SHEET

41	TOPIC	TIGHT Calf Muscle / Achilles Tendon	
PROCEDURE		GASTROCNEMIUS RECESSON /ACHILLES TENDON LENGTHENING	
 <p>Tight Achilles Tendon</p>		 <p>Tendon Lengthened Tension Relieved Forefoot & Toes</p>	
		 <p>Gastrocnemius Muscle Release Behind Calf in Leg</p>	
AIMS OF SURGERY		<p>Reduce excessive tension/shortening of the muscle to the back of the leg associated with destructive effects on the foot. These procedures are commonly performed with accompanying procedures such as the altering of a bone position and/or fusion of a joint or placing an implant in the foot. (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 associated flattening of the foot <input type="checkbox"/> Reduces the underlying cause of associated deformity 	
SPECIFIC RISKS OF THIS OPERATION		<ul style="list-style-type: none"> <input type="checkbox"/> Rupture of the lengthened tendon – this will need to be repaired surgically <input type="checkbox"/> Recurrence/collapse of the foot <input type="checkbox"/> Reduced strength when raising onto your toes – normally improves with exercise 	
OVERVIEW			
Operation time		Usually between 40 to 60 minutes	
Incision placement		Achilles Tendon lengthening; one or more small incisions behind the ankle around the Achilles tendon Gastrocnemius recession; central incision behind leg, where the calf muscle becomes the Achilles Tendon	
Stitches		Non-absorbable stitches or clips are usually used	
Fixation		Internal fixation (bone screws or pins) are not used but may be for concurrent procedures.	
Will I have plaster?		This is necessary. Usually for about 4- 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 6-8 weeks Manual work 8 - 12 weeks	
INDICATIONS FOR THE PROCEDURE		Painful equinus / forefoot equinus or flexible Flat foot Painful unstable arch	
ALTERNATIVE TREATMENTS		Manage your symptoms by calf stretch programme, night-splints, altering activity levels, using painkillers, changing footwear or special footwear or an in-shoe foot support.	
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

Gastrocnemius Recession - Achilles Tendon Lengthening

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 40 to 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 be non weight-bearing in a cast for approximately 4 - 8 weeks and then in a walking cast 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 cast.
- You will be able to stand and take weight carefully through your non-operated leg (using 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.
- You can get about a little more after 3 days.

One week after surgery

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

Two weeks after surgery

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

Between 4 - 8 weeks after surgery

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

Between 8-12 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 10-16 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.