East Kent Hospitals University NHS Foundation Trust

Flat feet

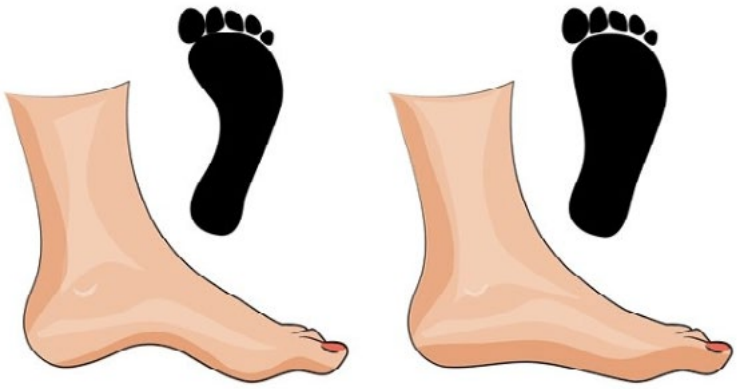
Information for patients from Trauma and Orthopaedics (T&O)

You have been given this leaflet because you have flat feet. This information may help you understand the condition and what to expect from the available treatment.

What is flat foot?

Patients with flat feet do not have a normal foot arch.

This may not cause problems on its own but it can cause other problems if it progresses. These problems can include the toes of the foot turning in, the middle of the foot slanting out, the heel turning out, or a tight tendoachilles.



Normal arch **Flat foot**

What causes flat feet?

Flat feet can be congenital (you have had the problem since childhood) or you may have acquired it. It can also be flexible or rigid.

What are the treatments for flat feet?

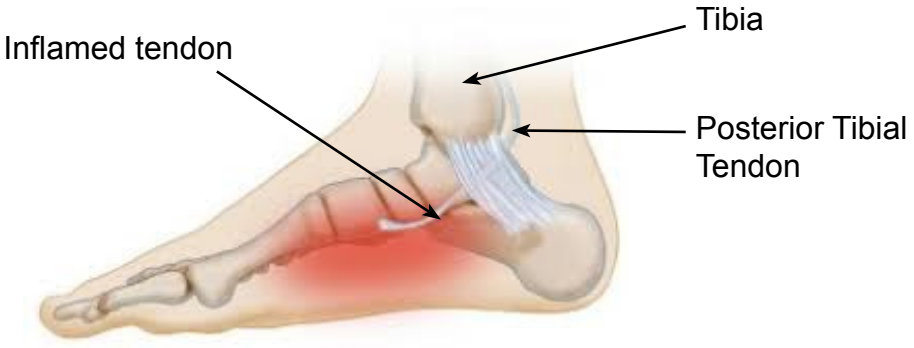
- In the early stages of acquired flat foot, symptoms can be managed by changing your activities and using shoe orthotics/ insoles (see image).
- Surgery should only be considered after you have tried the treatments outlined above.

We care

What happens during surgery?

- In cases when the posterior tibial tendon is abnormal (see diagram) but the foot remains flexible, the unhealthy tendon is excised (cut out), and another tendon moved to replace it. This may be performed with a calcaneal osteotomy (break in the heel bone and move it inwards).

- In more severe cases, when the foot is not flexible, a fusion type procedure may be needed.



You will discuss these procedures with your surgeon before any treatment is decided. Your surgeon will discuss which is more appropriate for your condition. You will have an opportunity to ask any questions or raise any concerns you may have.

Will I have a general anaesthetic?

The surgery is normally carried out under general anaesthesia (you will be asleep).

You will be given instructions at your preassessment appointment about when to stop eating/ drinking, what to do with your medications, and where to come on the day of your surgery.

What happens if I ignore my condition?

The reason(s) why you came to the appointment may not get better and sometimes can get worse. It is difficult to predict.

How long will I have to stay in hospital?

Most of these procedures are performed as day surgery. However if you are having a fusion surgery you may be kept in hospital for one night.

You will need someone to drive you home after your surgery and someone must stay with you overnight.

What happens when I arrive at the hospital?

When you arrive at the hospital you will be seen by the nurses, a physiotherapist, and doctors who will explain your procedure. Please use this time to ask any questions.

You will be asked to change into a hospital gown and stockings.

How will I feel after surgery?

You will be given painkillers to help with any discomfort after your operation. Everyone reacts to the anaesthetic differently. Feeling sick is common and we do our best to avoid this.

Whilst the pain you felt before your operation should be a lot better, the shape of your foot may not have changed.

What happens after posterior tibialis tendon surgery?

- Your foot will be heavily bandaged and you will be fitted with a walking boot before you go home.
- You will be given crutches for support. Please use these as advised by your doctor.
- It is important to elevate (raise) your ankle as much as possible in the first few weeks after your surgery (see diagram below). We recommend you move your ankle as much as possible.

An example of good posture and elevation

- The walking boot will be removed and you should have your wound checked two weeks after your surgery. Physiotherapy will also start at this time.
- To protect your foot, orthotics may be needed after the swelling has settled.

What happens after tendon transfer and calcaneal osteotomy or fusion procedures?

- Your leg will be placed in a below-knee cast for two weeks.
- Two weeks after your procedure your wound will be checked at the hospital and a complete below-knee cast fitted for a further four weeks.
- For the first six weeks after your surgery no weight-bearing will be allowed (you can put no weight on the foot that has been operated on). The hospital will give you crutches for support during this time.
- It is important to elevate (raise) your foot as much as possible in the first few weeks after your surgery (see diagram above).
- After six weeks you will be fitted with a walking boot, and you can weight-bear in the boot for a further six weeks. You will also start physiotherapy.
- To protect your foot, orthotics may be needed after the swelling has settled.

When can I start driving again?

This is a difficult question to answer. Your healthcare professionals are not able to take responsibility for this. You will need to check with your insurance company as to when they will be willing to insure you to drive again. It is important not to be in a cast or boot when driving, and you must be able to do an emergency stop safely before driving again.

When can I return to work?

This will depend on how much your work needs you to put weight on your affected foot. If your work is sedentary (you mainly sit at a desk) and you can keep your foot elevated, then you can return to work after six to 12 weeks. If this is not possible and your job is more active, you should expect to return to work after 12 to 16 weeks.

What are the risks?

As with any surgery there are risks, and these will be discussed in more detail when you speak with your surgeon. However, common complications include the following.

- You can expect **swelling** for up to six months, particularly in the evenings.
- **Infection** rates are low, and antibiotics are given before any surgical treatment begins. However, if infection does happen this can cause significant problems. If you get a skin infection, this can be managed with antibiotics. If there is a deep infection, it may be necessary to remove all the metalwork and unhealthy bone, combined with a long course of antibiotics.
- **Nerve injury** can result in numbness or tingling across your foot area. This does not usually cause any problems with how your foot works.
- **Non-union** (when the bones do not join together successfully) can sometimes happen with fusion and osteotomy surgery. There is increased risk of this happening in smokers and it may result in pain if the metalwork then loosens. If you smoke we recommend that you stop before surgery and do not start again until the fusion has healed or, better still, quit altogether.
- Although rare, **metalwork can become noticeable through your skin** and cause pain from irritation. If this continues the metalwork may need to be removed.
- **Stiffness** is common after having a plastercast and using a walking boot. Most patients improve with physiotherapy.
- **Chronic Regional Pain Syndrome** can develop when the nerves around the operation site become overly sensitive. Swelling, skin changes, and stiffness can happen and make you feel weak. This complication is uncommon but if it does happen it is usually managed by a specialist in pain management.
- **Deep Vein Thrombosis (DVT)/Pulmonary Embolism (PE)** is rare with this surgery. However anticoagulation medication is given after surgery to try to prevent clots forming whilst you are not able to move your leg. This is a preventative measure, but a clot can still form despite this.

What if I have any questions or concerns once I return home?

You can contact the team secretary through the hospital switchboard if you have any questions before your surgery (please refer to your appointment letter).

After surgery you can call the team secretary, the ward, or your GP if you have any further concerns or questions. If you are concerned and cannot get in touch with anyone go to your nearest Emergency Department.

This leaflet has been produced with and for patients

If you would like this information in **another language, audio, Braille, Easy Read, or large print** please ask a member of staff. You can ask someone to contact us on your behalf.

Any complaints, comments, concerns, or compliments please speak to your doctor or nurse, or contact the Patient Advice and Liaison Service (PALS) on 01227 78 31 45, or email ekh-tr.pals@nhs.net

Patients should not bring in large sums of money or valuables into hospital. Please note that East Kent Hospitals accepts no responsibility for the loss or damage to personal property, unless the property had been handed in to Trust staff for safe-keeping.

Further patient leaflets are available via the East Kent Hospitals web site www.ekhuft.nhs.uk/patientinformation

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