



DARIN W ALLRED M.D.
ORTHOPEDIC SURGERY AND SPORTS MEDICINE

Peroneal Tendon Repair/Debridement Post Operative Instructions

Food

Start slow. It is natural to want to eat a lot after surgery. We recommend you eat small amounts of your normal diet and increase your intake as your nausea improves.

Dressing

You may remove your dressing in 48 hrs. Redress your incision with a clean dressing or large Bandaid.

Incision

Keep you incision dry for 48 hrs. After 48 hrs you may remove the dressing and shower. Leave the Steri-Strips in place. You may let water run over the incision but do not soak your incision in a bath, swimming pool, lake or hot tub for three weeks. Keep a Band-Aid on the incision until the incision is no longer draining (about 7 days)

Weight bearing

No weight bearing! See below for timeline for return of weight bearing.

Activity

I want you to be as active (without putting weight on your foot) as your pain and swelling allows. This helps prevents blood clots.

Blood clots

My biggest concern after foot and ankle surgery is the formation of blood clots. To prevent blood clots, I recommend you be active and take One tablet (325 mg) of aspirin twice daily with food for 2 weeks. If you or your family have had a blood clot or other reason to have an increased risk for a blood clot, you may need more aggressive treatment. Please discuss this with Dr. Allred within 24 hrs after surgery. What does a blood clot feel like? Usually (not always) blood clots surface a few weeks after surgery. They usually (not always) cause calf pain and increased ankle swelling that is new. Rarely, they cause shortness of breath. If you think you may have a blood clot call the office immediately (during office hours) or go to the ER (if after hours)

Swelling

The best way to control swelling is by keeping your foot above your heart (sitting up in bed usually does NOT get your foot above your heart). Swelling control dramatically affects healing and complications!

If you do not have a splint or cast: Ice machines or reusable ice pads can be purchased on Amazon. Just search ankle ice machine. They can be great for decreasing pain and swelling. I like them but frozen peas work as well. Be careful to not freeze your skin. I recommend 20 min on and 10 min off unless the machine has a way to prevent freezing (ie temperature settings) If you have a splint or cast, the ice machines do not work very well.

Physical Therapy (This is the protocol your therapist will follow)

General Treatment Guidelines

- This surgery will remove scar tissue and/or repair torn or partially torn peroneal tendons. It may involve deepening the bony groove in which the tendons glide.
- Active participation in physical therapy is critical to a successful surgical outcome.
- You will NOT be allowed to bear weight on the ankle for 2 weeks after surgery.
- NO active ankle eversion movement for 6 weeks after surgery in order to protect the superior peroneal retinaculum. This is what keeps the tendons in their groove.
- No cutting sports (racquetball, soccer, tennis, etc.) or strenuous running for 4 months following surgery.

Immediately Following Your Surgery

Post Surgery Course

- The ankle will be wrapped in a soft cast (splint) with lots of padding.
- It is important to ice and elevate, take pain medication, and rest during this period.
- No weight bearing is allowed on the operative ankle.

2 Weeks (approximately)

- First post-operative appointment.
- Your soft cast will be taken off and your sutures will be removed (if your incision is adequately healed).
- You will be placed in a boot with your ankle in a neutral to prevent a large amount of range of motion.
- Progressive weight bearing is allowed in the boot (NO weight bearing allowed unless boot is worn).

Continue

crutches, walker, or knee scooter as necessary in order to advance weight bearing.

- You are encouraged to remove the boot periodically throughout the day to perform seated active ankle flexion

& extension (up and down) exercises. This prevents unwanted adhesion and scarring.

- NO active ankle eversion movement allowed.

4 weeks

- Physical therapy is started.
- Physical therapy will focus on regaining ankle motion (still no active ankle eversion allowed).
- Full weight bearing now allowed in the boot. Continue boot, as instructed.
- Discontinue assist device (walker, crutches, knee scooter, etc). May use for long distance walking/ travel etc.
- Passive/active ankle inversion & passive ankle eversion exercises started under guidance of your therapist.
- Modalities per therapist.

6 Weeks

- Wean out of boot.
- Active ankle eversion permitted under guidance of your therapist.
- Continue range of motion exercises (goal is full range of motion in all planes by 12 weeks post-surgery).
- Stationary bike with added resistance.
- Avoid walking on uneven or rocky terrain.
- Modalities per therapist.
-

8 Weeks

- Peroneal strengthening exercises advanced as tolerated under guidance of therapist.
- Light jogging and other exercise activities, such as squatting and weight-lifting permitted.
- Continue to increase your activity as tolerated.
- Balance/proprioception.

3 Months

- OK to begin walk/jog interval program progressing towards running if full active range of motion and strength have been achieved (must be cleared by Dr. Dekker).
- Begin plyometric drills starting front to back & progressing to lateral movements.
- If able to perform all the activity without pain, may begin sports specific training, otherwise wait until above is achieved.
- OK to walk on uneven or rocky terrain.

4 Months

- Cutting activities introduced.
- Progressive closed chain kinetic program, increasing intensity to higher level exercises incorporating proprioceptive challenges.
- Agilities.
- Improve endurance.

Medications

As discussed above, I recommend Aspirin for two weeks. Rotate over the counter ibuprofen and Tylenol. For example take regular Tylenol followed by Ibuprofen 2 hrs later. Do not take more than the recommended daily dose for each. I also recommend over the counter Pepcid or other antacid while on ibuprofen to prevent a stomach ulcer. Narcotics: see below.

Narcotics

You may need them for a few days but the quicker you stop using them the better you will feel. It is very rare to need a refill. We **DO NOT** refill medications after hours or on weekends so plan ahead. It takes about 72 hrs to get a refill. If you take narcotic medications regularly you will need to make arrangements with your prescribing provider.

Post Operative Visits

Call for an appointment approximately 2 weeks after surgery.

Precautionary Measures1) To prevent infection, you have been administered IV antibiotics prior to your surgery.

2) To prevent blood clots, you will need to be active. I want you to walk around your living room once every hour while you are awake. Also take Aspirin 325 mg twice daily for 2 weeks to prevent a blood clot.

3) If you are taking narcotic pain medication (Percocet or Vicodin), you may need a stool softener to prevent constipation. Over-the-counter medication such as Docusate or Milk of Magnesia is recommended.

Emergencies

Call the office at if you experience the following:

Incision opens

Increased redness at incision site

Pain uncontrolled by pain medicine

Uncontrollable bleeding

Fever > 101 ° F or shaking chills

Difficulty breathing or chest pain

Severe pain or redness in calf

Painful swelling

Contact

Please refer to the website for the office phone number.