

Guide to Risks of Hindfoot Surgery

This information leaflet has been produced to provide our patients with an overview of their condition and what treatments they may expect. However, each person is different and the treatment you are offered will depend on your unique circumstances.



Stanmore
Foot & Ankle
Specialists

All operations have risks. The following list does not cover every possible complication, but lists the common and serious risks which may occur.

Any underlying medical conditions may worsen due to the operation.

Some risks may be rare, but relevant to you. Your surgeon will discuss these and any additional risks specific to you or your surgery with you.

Intended Benefits

The goal of hindfoot surgery is to improve your pain and treat any deformity. Please discuss with your surgeon what you can expect following successful surgery in your condition.

It is important that you consider all the potential risks and benefits, and the alternatives to surgery in order to decide whether surgery is right for you.

Alternatives to Surgery

Many of the problems in the foot and ankle are due to abnormal mechanics in the foot, which can cause problems. The goal of treatment is to correct these problems, but there are many things other than surgery which can be tried.

Surgery should only be considered if you have symptoms and have already tried the following measures:

- Footwear modification (lower heels, wider fitting shoes, rocker soles etc.)
- Weight loss (if necessary)
- Insoles or other shoe inserts such as ankle braces
- Simple analgesia (pain killers)

COMMON RISKS

(occur in up to five in every one hundred forefoot surgeries)

Pain – most surgeries are carried out under a local anaesthetic block (in addition to a general anaesthetic) to minimise the postoperative pain, but you should be prepared to have some pain or discomfort, which usually responds to simple analgesia

Swelling - due to the effects of gravity, feet tend to swell, and this can last several months

Scarring – any type of surgery will leave a scar; occasionally this will be painful and inflamed

Wound wound redness or inflammation – as with all invasive procedures, there is the risk of infection, and some minor redness of the wound can occur and in some cases the wound edges may not heal fully. In some cases you may require antibiotics to get this to settle. Risks are higher in diabetics, those on immune suppression medication (e.g. steroids or rheumatoid medication) and smokers.

Numbness – after surgery you are likely to have some minor numbness and tingling around the scar as the hair-like nerves have been cut

Stiffness – after surgery, especially if the limb is immobilised, you will usually experience stiffness that may require physiotherapy to improve.

If you are having a fusion then that joint will be permanently stiff as it will not move any more.

LESS COMMON RISKS

(occur one in every 100 forefoot surgeries)

Deep infection – Although the operation is performed under sterile conditions and all precautions are taken to prevent this, infection can happen, and if the wound does not settle on antibiotics, you may require a further operation to remove the metalwork and clear the infection.

Blood clots – because you will be allowed to walk on your heel after the surgery, blood clots are not common, but can occur, and can lead to swelling of the leg (deep vein thrombosis) or chest pain (pulmonary embolism).

Nerve injury – if a larger nerve supplying the toe becomes damaged or caught in scar tissue, it could lead to ongoing pain, numbness and Engling. The sensation usually returns over a period of time, but it can be permanent in some cases.

Delayed bone healing / non-union - this may occur in operations where the bone is cut or fused. Some people heal slower than others and those who smoke are at a greater risk of this occurring. You may have to remain heel weight-bearing for longer or, in some cases, where the bones don't appear to be uniting (non-union), require further surgery.

Prominent metalwork – in some cases, the screws or plates can be prominent under the skin, requiring a second procedure to remove them at a later date

RARE RISKS

(occur in less than one in every 100 forefoot surgeries)

Intraoperative fracture or broken metalwork– it is rare that a fracture occurs during surgery or a metal pin or screw breaks. The surgeon will act in your best interests at the time of surgery to give you the best outcome.

Complex regional pain syndrome – this is where the “fight or flight” nerves that supply the foot go on strike and can cause swelling, stiffness, pain, and colour and temperature changes to the foot. Treatment requires counselling and physiotherapy and it could take several months and sometimes longer to improve.

Blood vessel damage – if the blood supply to a toe is damaged, it could lead to an area of permanent damage where the toe is no longer viable.

Need for further investigation or surgery – sometimes the result of surgery will not meet your expectations, especially if complications arise. This may require further investigations or surgery.

Loss of limb - this is extremely rare for forefoot surgery, but may happen due to severe, rare complications, especially if there are pre-existing medical conditions.

Death – whilst this is extremely rare for forefoot surgery, it can occur especially if there are pre-existing medical conditions.



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