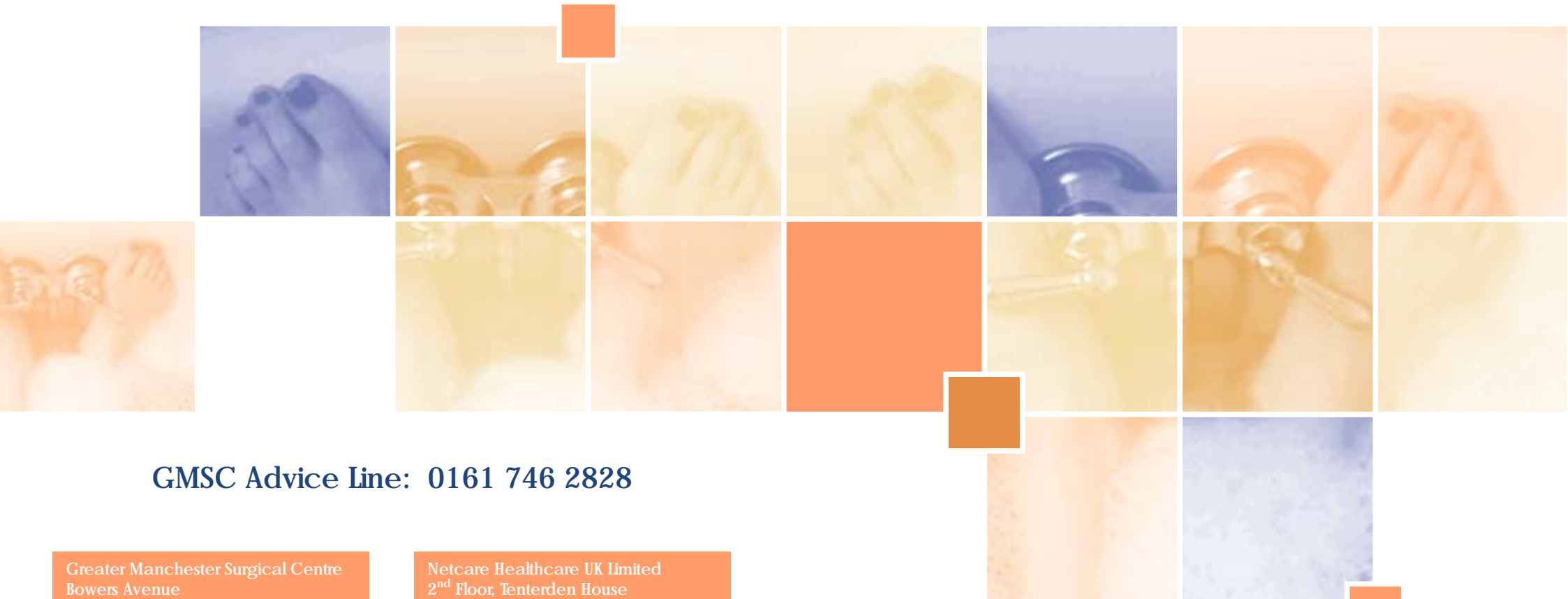


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An NHS and Netcare Healthcare UK Ltd Initiative



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What You Need To Know About Foot Surgery



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NHS Treatment Centre



NHS Treatment Centre



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1. Introduction

The foot is one of the most complex parts of the body, consisting of 38 bones all connected by numerous joints, muscles, tendons, and ligaments. The foot is also susceptible to many stresses and injuries. Problems in the feet can cause pain, inflammation, or injury – all of which can result in limited movement and mobility.

Foot pain is often caused by improper foot function. Shoes that do not fit properly can exacerbate and, in some cases, even cause foot problems, whereas shoes that have been properly fitted and give good arch support can prevent irritation to the foot joints and skin.

There are many kinds of conditions and problems affecting the heels, toes, nerves, tendons, ligaments, and joints of the foot.

2. Conditions Affecting the Foot

2.1 Soft-tissue injuries

Normal, everyday activities can lead to soft-tissue damage of ligaments, tendons and muscles. These injuries may be the result of a single episode such as a sudden fall, jerk, or blow to the body, or they can occur as a result of repeated overuse. Soft-tissue injuries can result in damage and pain and are frequently classified as:

- Sprains

- Sprains
- Strains
- Tendonitis
- Bursitis
- Heel Spurs
- Haglund's Deformity (pump bump)

2.1.1 Sprains

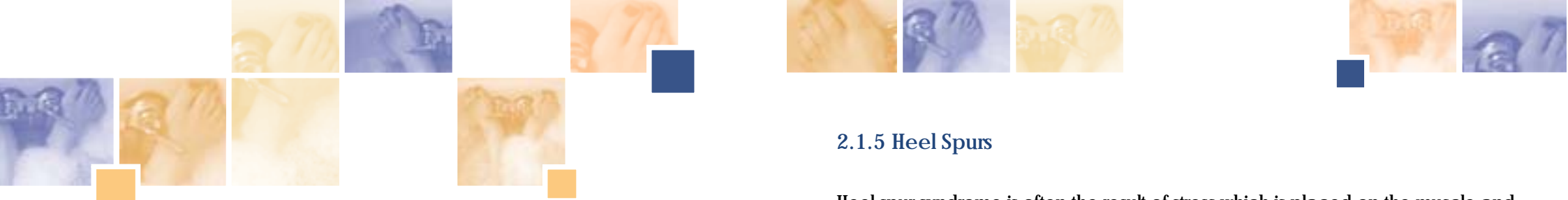
A sprain is a partial or complete ligament tear. The joints of the body are supported by ligaments that connect one bone to another and if a ligament is stretched or torn, it can result in a:

- Simple sprain;
- Partial tear; or
- Complete tear.

Although the recommended treatment for sprains is usually RICE (rest, ice, compression and elevation of the foot/limb), a torn ligament sometimes requires surgery.

2.1.2 Strains

A strain is an injury to a muscle or tendon. Bones are supported by a combination of muscles and tendons. Tendons connect the muscles to bones. A strain is the result of an injury to a muscle or tendon. The strain may be a simple stretch in the muscle or tendon, or it may be a partial or complete tear in the muscle-and-tendon combination.



Once again, the recommended treatment for a strain is usually RICE (rest, ice, compression and elevation of the foot/limb), although a serious tear may require surgery.

2.1.3 Tendonitis

Inflammation of a tendon or the tendon covering is called tendonitis. Tendonitis is usually caused by a series of small stresses that repeatedly aggravate the tendon. The condition is treated with rest to eliminate any stress, anti-inflammatory medication, and exercises to correct an imbalance in the muscles and restore flexibility. Placing continued stress on an inflamed tendon could cause it to rupture, which may require a cast or surgery to correct the damage.

2.1.4 Bursitis

Located between a bone and a tendon, a bursa is a sac filled with fluid which allows a tendon to slide smoothly over bone. Repeated small stresses and overuse can cause the bursa to swell and become irritated, resulting in a condition called bursitis. Bursitis often occurs together with tendonitis. Bursitis is treated with rest and anti-inflammatory medication. Sometimes, the bursa is directly injected with medication to reduce the inflammation or it may be surgically removed.

2.1.5 Heel Spurs

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Heel spur syndrome is often the result of stress which is placed on the muscle and fascia of the foot. The stress may cause a spur to form on the bottom of the heel. While many spurs are painless, others can produce chronic pain. Based on the condition and the chronic nature of the disease, in many cases, heel surgery can provide relief from pain and restore mobility. This type of procedure usually consists of a plantar fascia release, with or without heel spur excision.

There are many other causes of heel pain which are quite common. Many causes are hereditary as are a lot of other foot conditions. Common causes of heel pain include bruises, entrapped nerves, bruises, bursitis, arthritis (including gout), deterioration of the fat pad on the heel, ill-fitting shoes and obesity, to name but a few. Most of these conditions will be treated non-surgically, although surgery may be recommended in severe cases.

2.1.6 Haglund's Deformity

This deformity is characterised by a bony enlargement on the back of the heel. Although not always painful, it may become so if bursitis develops in the Achilles tendon or if shoes irritate the bump. If attempts at shoe modification and other medical treatments fail to improve this condition, surgical correction may be beneficial. Based on X-ray evaluation and other tests or examinations, the surgeon will select an appropriate procedure to treat and alleviate the condition.

2.2 Other foot problems



2.2 Other foot problems

Additional foot problems which may require surgical intervention include:

- Hammer, Mallet and Claw Toes
- Plantar Coms
- Neuromas
- Lumps, Bumps, Cysts and Ganglions
- Achilles Tendons
- Plantar Warts
- Ingrown Toenails

2.2.1 Hammer, Mallet and Claw Toes

Tendon or joint damage can cause a deformity in the smaller toes. Known as 'hammer toes', these can be very painful and unsightly. The surgeon is often able to correct this deformity under local or general anaesthetic as a day case procedure. Surgery to correct the hammer, mallet or claw toe deformity will probably also cure the formation of painful coms on skin overlying these joints.

2.2.2 Plantar Coms

Many coms that don't respond to non-surgical treatment may need to be permanently removed. There is often an underlying bony abnormality that needs to be addressed. Coms under the foot frequently result from a prominent metatarsal bone. Various types of operations are performed to elevate the metatarsal so

metatarsal bone. Various types of operations are performed to elevate the metatarsal so that the com no longer develops.

2.2.3 Neuromas

A neuroma is a cyst-type growth on a nerve, usually between the third and fourth toes. It is caused by irritation to the nerve and entrapment between bones. The surgeon routinely removes neuromas under local anaesthetic. Detailed surgical techniques generally result in the successful, permanent treatment of this sometimes extremely painful condition.

2.2.4 Lumps, Bumps, Cysts and Ganglions

These are characterised by painful lumps that rub and press against the shoe. If a change in footwear does not resolve such problems, surgery can be performed to remove these bone prominences or soft-tissue formations.

2.2.5 Achilles Tendons

Most Achilles tendon problems respond to non-surgical treatment. However, occasionally the tendon will be stripped of its inflamed thickened tissue. A surgical procedure to lengthen the tendon is sometimes required to treat the condition.

2.2.6 Plantar Warts

Warts are one of several soft-tissue conditions of the foot that can be quite painful. They are caused by a virus and can appear anywhere on the skin, but only those on the sole of the foot are referred to as plantar warts.

Plantar warts tend to be hard and flat with a rough surface and well-defined



Plantar warts tend to be hard and flat with a rough surface and well-defined boundaries. They are often gray or brown with a centre that appears as one or more pinpoints of black. It is important to note that warts can be very resistant to treatment and have a tendency to re-occur.

Plantar warts can be contracted by walking barefoot on surfaces where the virus is lurking. If left untreated, warts can grow to an inch or more in circumference and can spread into clusters of several warts.

Plantar warts are almost always surgically removed under general anaesthetic.

2.2.7 Ingrown Toenails

If you trim your toenails too short, particularly on the sides of your big toes, you may set the stage for an ingrown toenail. Like many people, when you trim your toenails, you may taper the corners so that the nail curves with the shape of the toe. Unbeknown to some, this technique may encourage your toenail to grow into the skin of the toe. The sides of the nail then curl down and dig into the skin. Ingrown toenails are also caused from wearing shoes that are too tight or small. Any toe may develop an ingrown toenail but it usually occurs on the big toe.

Ingrown toenails may be red, infected and very painful. There can be infected matter (pus) draining from the nail and the skin grows over the ingrown toenail. If you have a chronic problem with ingrown toenails, surgical intervention may be necessary.

3. Before Surgery



3. Before Surgery

3.1 Pre-assessment clinic

Before any surgery is considered, you will need to attend a pre-assessment clinic at the Greater Manchester Surgical Centre (GMSC). Here, you will be assessed by an orthopaedic surgeon and anaesthetist (the doctor who will administer your anaesthetic).

During your appointment, your full medical history will be taken. If necessary, the orthopaedic surgeon or anaesthetist may send you for further investigations such as blood tests, X-rays and/or an ECG. Don't be alarmed if you are required to undergo one or more of these investigations. The doctors have your wellbeing and best interests at heart and need to ensure that you are able to cope with the respective surgical procedure.

The anaesthetist will discuss the various methods of anaesthesia and the one best suited to you and your procedure (refer to the GMSC's Anaesthetic brochure). Your post-operative pain management plan will also be discussed.

It is very important to discuss any medications you may be taking with the anaesthetist. If you are taking blood-thinners, you may be asked to discontinue them for some time before the surgery as they can increase the risk of bleeding and interfere with your surgery and recovery. For several days prior to your procedure, you will probably be instructed to avoid any aspirin, ibuprofen and all herbal or homeopathic preparations. You should continue to take your normal medicines up to and including the day of surgery, unless the anaesthetist or surgeon has explicitly instructed you otherwise.



Once you fully understand what the procedure entails, you will be asked to sign an informed consent form in the presence of the orthopaedic surgeon.

At your pre-operative assessment, the proposed date for your procedure will also be discussed and finalised.

3.2 Countdown to surgery

In the day/night leading up to your surgery, it is very important to refrain from eating or drinking anything for eight hours ('nil by mouth') before the operation, unless instructed otherwise by the doctor.

Remove your dentures and all nail polish. Ladies are requested not to wear any make-up on the day of surgery.

Leave all jewellery, money, watches and valuables with family members. The GMSC cannot be held responsible for your valuables.

Make sure you wear casual, comfortable clothing which is easy to put on and take off eg. drawstring-style sweat pants, boxer-style shorts, or loose items. You will be allocated a locker for storing your clothing while you are in surgery.

You may also wish to bring along some reading material or crossword puzzles to occupy your time while you are in the hospital.

You will not be allowed to leave the hospital alone or drive yourself home so



arrange for a responsible adult to drive you to and from the hospital and have someone stay with you for at least 24 hours once you are back home.

4. During Surgery

The anaesthetist will start an intravenous line and discuss the type of anaesthesia which will be administered. This can vary and options include local anaesthesia; local anaesthesia with sedation; regional anaesthesia (your leg/foot goes numb and you are sedated); and general anaesthesia.

Once your anaesthetic has been administered, you will be taken through to the theatre where your procedure will be performed.

5. After Surgery

After your surgery, you will be taken to the recovery room, after which you will return to the general ward. The nurses will make you comfortable and will review the procedure and post-operative instructions with you, your family and/or friends. You will be given fluids and food when you are fully awake. Once you are ready to leave, you will be discharged from hospital.

If necessary, the occupational therapist will see you, explain your rehabilitation process and monitor your progress. A post-operative appointment will also be scheduled before you leave the hospital.

Note: In order for us to maintain the quality of care and prevent any possible risks, we respectfully request your permission to exhibit your details at your bedside. Your initials, surname, doctor's name and possible risk factors, eg. diabetes, will be displayed above your bed on a small white board.



6. At Home

Pain after surgery is to be expected. Pain varies and depends on the individual patient as well as the surgical procedure which was performed. Pain medication should be taken when you need it, in keeping with the doctor's instructions.

Surgery of the foot requires careful post-operative care. It is important to follow the surgeon's advice and post-operative instructions. RICE (rest, ice, compression and elevation of the foot) is often advised. The use of bandages, splints, casts, surgical shoes, crutches or walking aids may also be necessary after surgery. The surgeon will tell you when you can bear weight on an operated foot.

7. Caring for Your Cast

If you have a cast on your foot, here are a few guidelines:

- Keep the cast clean and dry.
- Use a plastic cover for the cast when showering or bathing. Watertight protectors are available from surgical supply stores.
- If the cast padding gets damp, turn a hairdryer on cold (no heat) and aim the air at the cast. If this doesn't do the trick, contact the doctor.
- Never place anything inside your cast to scratch an itch (no hangers, knitting needles or rulers).
- Inspect the skin around the edges of your cast. If this skin becomes red or raw, notify your doctor.
- Do not alter your cast.

- Never remove the cast yourself. It will be removed with a special vibrating saw. When the cast is removed, you may feel the vibrations and although the saw makes a lot of noise and may feel "hot" from the friction, it will not harm you.
- For comprehensive instructions on how to care for your plaster cast, please refer to the GMSC's booklet on Caring For Your Cast.

8. Possible Complications

- Infections can occur after any operation and are usually treated with antibiotics.
- You will have a scar that will be somewhat firm to the touch and tender for six to eight weeks. This can be eased by massaging the area firmly with moisturising cream.
- During any operation, patients run the risk of reacting negatively to an anaesthetic.

Contact the GMSC Advice Line on 0161 746 2828, call your local general practitioner, or go to the nearest Accident and Emergency Centre if you experience:

- Increased pain or swelling.
- Numbness or tingling in your foot.
- Bleeding or drainage from the cast.
- Fever or chills.
- Reduced movement of your toes.
- Any skin irritation related to the cast.
- Damage to the cast.
- A loose cast.
- Burning or stinging in the operated foot.
- Pus or increasing redness and tenderness in the area of the cut.



9. GMSC Advice Line

The staff at the GMSC are available to assist you at any time. You can reach them by calling: 0161 746 2828.

10. About Netcare and the NHS Partnership

10.1 Netcare

Network Healthcare Holdings Limited (Netcare) is one of the largest integrated private healthcare organisations in South Africa. Listed on the Johannesburg Securities Exchange (JSE) in 1996, the Netcare group owns and manages 45 private hospitals and clinics, 61 specialised medical centres and 53 Medicross Family Medical and Dental Centres throughout South Africa.

In total, Netcare hospitals comprise 7 200 beds, 319 operating theatres; all of which are supported by over 2 200 medical practitioners in private practice. Collectively, over 4.8 million patients a year are cared for in medical facilities within the Netcare group.

Specialised hubs of clinical excellence focusing on disciplines such as cardiology, cardiothoracic surgery, neurosurgery, orthopaedic surgery, gastroenterology, oncology, ophthalmology, renal dialysis and organ transplantation, are located in numerous Netcare hospitals around the country.

10.2 The Netcare/NHS Treatment Centre Partnership

During the past two years, Netcare has participated in four successful NHS Waiting List Initiatives which were specific to ophthalmology; orthopaedic surgery; and ear, nose and throat surgery.

Committed to reducing waiting times for those needing surgical procedures and to improving choice and access to facilities; in 2003, the NHS launched its Treatment Centre (TC) initiative, a programme designed to provide rapid, safe and effective medical treatment to patients on Waiting Lists.

Against the backdrop of its previous experience with NHS Waiting List Initiatives, Netcare was selected as the successful bidder for two such five-year TC initiatives; the first of which is based on a mobile ophthalmology chain that will perform 44 000 cataract procedures over five years. The second TC initiative will see 45 000 orthopaedic and general surgery procedures performed at the newly-constructed Greater Manchester Surgical Centre (GMSC) over the five-year period.

The Netcare/NHS partnership upholds the NHS' principle of delivering excellent service free at the point of access. Providing the highest possible quality of care while maintaining patient dignity at all times, is a fundamental objective of the partnership.

Netcare's medical team consists of highly skilled, experienced and professionally qualified consultant surgeons, anaesthetists and nursing personnel, all of whom are supported by administrative, technological and patient care teams.

We dedicate our efforts to providing you with quality care in a safe, efficient and caring environment.

