

# ADULT ACQUIRED FLAT FOOT



Knee + Foot + Ankle  
SURGEON

## Medication

Anti-inflammatory medications, and even simple analgesics, will help improve the pain of adult acquired flat foot. Caution is advised in those patients with severe indigestion or previous stomach ulcer problems. If stomach pain develops the medication should be discontinued.

## Activity Modification

Limiting weight bearing exercise and activities will reduce stress on the tendons and joints of your foot. Non-weight bearing exercises such as cycling, swimming or aqua-aerobics are recommended.

## Physiotherapy

Tendon and joint damage is often so severe in these conditions that physiotherapy can only play a minor role in treatment.

## Bracing

A lace up ankle brace will often provide support around the ankle and lessen pain and stress on the affected tendons.

## Surgery

The type of surgery required, if non-surgical treatment fails, depends upon the severity of disease. If the tendon has failed, and there is no joint arthritis, then a tendon transfer may be recommended. This maintains joint movement and helps reconstruct the arch of the foot.

If arthritis is present in the foot, surgery involves fusion of the arthritic joints. This lessens pain, but also results in loss of movement.

## Tendon Transfer Surgery

This involves using the flexor digitorum longus (FDL) tendon, to take over the function of the tibialis posterior tendon. This is often supplemented with an osteotomy (realignment) of the heel bone. This surgery requires 6 weeks in a CAM walker and on crutches, non-weight bearing. After this period, intensive physiotherapy rehabilitation is required.

## Fusion Surgery

Joints that have arthritis in this condition can only be treated with fusion. This involves “gluing” the joints together with screws and / or staples to eliminate movement and pain. This requires 3 months in a CAM walker and on crutches.

## Before Surgery

Anti-inflammatory medications such as Aspirin, Brufen, Voltaren, etc. should be stopped 10 days before surgery. If you are taking any blood thinners, for example, Warfarin, Plavix or Iscover, stopping these should be discussed with your surgeon. It is ideal if smoking can be ceased prior to surgery.

It is also advisable to prepare circumstances at home prior to your surgery, as there will be a period of recovery and rehabilitation following your surgery. Arranging for family and friends to assist you in the home setting is highly recommended. You should ensure that there is adequate clearance in the home to enable you to use a crutches or walking frame.

It is important that you organise family and friends to assist you with transport, as you will not be able to drive for at least 8 weeks.

## After Surgery

You will be in a boot for between 6 weeks and 3 months. Your mobility will be limited by swelling and discomfort. It is important that you rest in between walking to allow the pain and swelling to settle. At home, initially mobility is kept to a minimum. You will require assistance with household chores such as cooking and cleaning.

Once the boot is removed, it may take another 2 weeks to be comfortable in closed shoes.

Driving is not allowed when in the post-operative shoe, but may be resumed when comfortable, particularly when you are able to brake in an emergency, usually at the 2 weeks after removing your boot.

Returning to work can be dependent upon the activities of your employment, but is usually resumed at anywhere between 6 weeks and 4 months following surgery.

## Risks of Surgery

Possible risks associated with surgery include infection, wound healing problems, damage to nerve and / or blood vessels, recurrent deformities and non-union, swelling and blood clotting (Deep Vein Thrombosis / Pulmonary Embolism).

## After Surgery Timeline

3 MONTHS TO BE **fair**

6 MONTHS TO BE **good**

12 MONTHS TO BE **right**



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