PATIENT INFORMATION SHEET		
34	TOPIC	Flexible Flat and/or Abducted Foot
PROCEDURE		SUB-TALAR ARTHROEREISIS – Sub-Talar Joint Implant
		Flexible Flat Foot The Implant
SPECIAL NOTE	NICE (National Institute for Clinical Excellence) recommends that, due to the lack of long term outcome research and data, this procedure should only be used with special arrangements for clinical governance, consent and audit or research. For more information on the NICE recommendations see http://www.nice.org.uk/nicemedia/live/12080/44910/44910.pdf	
AIMS OF SURGERY		To reduce pain and deformity (Painful Flexible Flat Foot) This procedure is more commonly performed with accompanying procedures such as Achilles Tendon Lengthening. (You will have been given information sheets if other surgical procedures are to be performed)
ADVANTAGES OF THIS OPERATION		 Reduces the flattening and abduction (outward turning) of the foot Reduces the underlying cause of deformity
SPECIFIC RISKS OF THIS OPERATION		 Stiffness and pain due to jamming of the Subtalar Joint Recurrence/collapse of the foot
OVERVIEW		
Operation time		Usually between 30 to 60 minutes
Incision placement		Usually on lateral aspect of the midfoot
Stitches		We try to use absorbable stitches (where possible)
Fixation		Internal fixation (bone screws or pins) are not used (but may be for concurrent procedures)
Will I have plaster?		This is necessary. Usually for about 2 - 4 weeks. The team will let you know in advance
Is this a Day Procedure?		Yes, you can usually go home the same day (you will normally be admitted for half a day)
Estimated time off work		Non-manual work approximately 4 - 6 weeks Manual work 6 - 8 weeks
INDICATIONS FOR THE PROCEDURE		For the correction of intractably painful flexible flat foot with associated painful unstable arch, which has proven unresponsive to alternative non-surgical treatments, as an alternative more invasive/destructive surgical intervention such as osteotomy and or joint fusion.
ALTERNATIVE TREATMENTS		Manage your symptoms by altering activity levels, using painkillers, changing footwear/ extrawidth or special footwear or an in-shoe foot support. Steroid injection therapy, rearfoot osteotomy or fusion of problem joints.
GENERAL RISKS OF SURGERY		The anaesthetic options and general risks of foot surgery are outlined in the Generic Preoperative Information Booklet for Patients with which you will have already been provided YOU SHOULD READ THIS LEAFLET IN CONJUNCTION WITH THE GENERIC PREOPERATIVE INFORMATION BOOKLET FOR PATIENTS (Numbered 1)
MORE INFO BY:		Speaking with your consultant or one of the clinical team Reading the information provided Looking at our Department's NHS Choices information or the Faculty of Surgery website See our Podiatric Surgery public facing website pages on http://www.herefordshire.nhs.uk/

Surgery to Reduce Flexible Flat or Abducted Foot SUB-TALAR Arthroereisis – SUB-TALAR IMPLANT

Answers to Common Questions

The Operation

The operation is usually performed under a local anaesthetic, around the ankle or behind the knee. Most patients find this to be more comfortable than a dental injection.

The operation takes about 30 to 60 minutes, although you will be in the Day Surgery unit for longer. You must have a competent adult at home for the first day and night after surgery. This allows us to be sure you will be safe for the first night. Your operated leg will be in a non weight-bearing cast for approximately 4 - 6 weeks and then in a walking boot for approximately a further 2 weeks. It is therefore very important that you have people to look after you and any dependants such as children, elderly or disabled relatives you have during this time

First 2-4 days

- This is the worse time for pain but you will be given painkillers and must rest completely.
- Your foot will be in a cast to below the level of your knee.
- You will be able to stand and take weight carefully through your other leg and crutches after the
 operation, but you must rest, with your feet up, as much as possible.
- You should restrict your walking to going to the bathroom and when getting about use your crutches in the way you will have been shown. DO NOT PUT ANY WEIGHT THROUGH THE OPERATED FOOT.

One week after surgery

• You will need to attend and if necessary the cast will be removed and so your foot can be checked, redressed and recasted.

Two weeks after surgery

You must attend again. Sutures will be removed and a fresh cast applied.

Between 4 -6 weeks after surgery

 The cast will be removed and if all is proceeding well you will be fitted with a removable boot that will allow you to start walking.

Between 6 - 8 weeks after surgery

- If all has gone well you will be able to start wearing a good lace-up shoe/trainer.
- The foot will still be swollen and twinges of discomfort are not uncommon at this time due to you
 increasing activity. Your leg will feel naturally weak to start with as it has been in a cast.
- You will be instructed regarding rehabilitation exercise or you may be referred to a physiotherapist.
- You may return to work but may need longer if you have an active job
- You may return to driving if you can perform an emergency stop. You must check with your insurance company before driving again.

Between 10 -16 weeks after surgery

- The foot should continue to improve and begin to feel normal again.
- There will be less swelling.
- Sport can be considered depending on your recovery.

Six months after surgery

- You will have a final review between 3 and 6 months following surgery.
- The swelling should now be slight and you should be getting the full benefit of surgery.

Twelve months after surgery

The foot has stopped improving with all healing complete.

Please note; if a complication arises, recovery may be delayed.