

FLATFOOT DEFORMITY (PROGRESSIVE COLLAPSING FOOT DEFORMITY)

Information: A flatfoot deformity, otherwise known as a progressive collapsing foot deformity, may be treated without surgery. However, if you decide to have surgery, your deformity will be addressed by reconstructing your foot. A reconstruction may be performed with osteotomies (breaking bones), fusion(s) of the joint(s) in the foot, tendon transfers/repairs, and ligament reconstructions/repairs in the foot. Hardware (plates and screws) is placed into the bones to hold the osteotomies, ligaments, tendons, and/or fusions while they heal. Patients may have other deformities and/or painful conditions that may be fixed at the same time. Risks of surgery include, but are not limited to, infection, wound healing issues, scarring, swelling, stiffness, pain, numbness, injury to vessels, bone healing problems, hardware problems, need for hardware removal, recurrence, other deformity, need for future surgery, a blood clot and/or pulmonary embolism, and/or a condition you may feel is worse or not much better from your preoperative status. If it is your right foot, most patients cannot drive for 8 – 10 weeks after surgery. Most patients are out of work at least 1 month, and some patients require 2 – 3 months out of work depending on their job.

On the Day of Surgery: The scheduling team will call you with your arrival time one day prior to your surgery. Once you arrive at the facility, the staff will direct you where to go. I will meet you in the preoperative holding area where we can discuss any remaining questions that you have and review the surgical plan. You and the anesthesiologist will determine the type of anesthesia that is best for you. Often, a block is provided by the anesthesiologist. This will decrease the amount of pain after surgery. The risks of anesthesia/block will be discussed with the anesthesiologist. You will then be brought to the operating room.

After Surgery: I will discuss the details of the surgery with your guest and review the postoperative plan. You will be taken to the recovery room and sent home when the nurses and anesthesiologist think you are suitable for discharge. Occasionally, patients may need to stay overnight. You will be placed into a splint. You are not allowed to walk on the operative leg. You will be sent home on pain medicine with the hope that you can discontinue it as quick as possible. You will also be given medication to help prevent a blood clot. You can use crutches, a knee walker, a walker, a wheelchair, etc.

Anticipated Postoperative Course:

Time Postoperatively	Description
0 – 2 Weeks	Elevation above the heart is <i>EXTREMELY</i> important during this period.
10 – 14 Days	Appointment with Dr. Boden. Plan for splint and suture/staple removal. X-rays may be taken at this visit. Placement of a cast for 4 weeks.
2 – 6 Weeks	Non-weightbearing in a cast until 6 weeks postoperatively. Continue to elevate operative leg.

Disclaimer: These are general statements and may not apply specifically to your care. I may modify as needed for your individual care.

6 Weeks	Follow-up appointment with Dr. Boden. Repeat X-rays will be taken at this visit. Your cast will be removed. You will transition into tall CAM boot. Begin touchdown weightbearing in the tall CAM boot at this visit.
6 – 10 Weeks	Typically, you will start with touchdown weightbearing at 25% of your weight using crutches or a walker. Over the next 4 weeks, you will slowly advance your weightbearing by 25% each week until you are fully weightbearing by 10 weeks postoperatively. Physical therapy will begin at 6 weeks postoperatively and last approximately 6 – 12 weeks. Physical therapy will begin with range of motion exercises and progress to strengthening exercises.
10 – 12 Weeks	You may begin to remove the CAM boot and wear comfortable, supportive shoes. You should continue to progress with physical therapy.
3 Months	Follow-up appointment with Dr. Boden. Repeat X-rays will be taken at this visit.
3 – 6 Months	You will likely be out of the CAM boot but still need a sneaker for walking. You may continue physical therapy for another 6 weeks. Gradually increase to high impact activities over the next 3 months.
6 Months	Follow-up appointment with Dr. Boden. You will begin to feel that this is “behind you,” and although you are not fully healed/normal, you should be doing quite well. Recovery from a flatfoot reconstruction takes a full year, and you will continue to make improvements for the next 6 months. You can gradually return to all activities. Swelling is the last issue to resolve and can be 6 – 12 months for any foot surgery.
12 Months	If there are no issues, this is your final follow-up appointment with Dr. Boden. I’m happy to see you at any time postoperatively if there are any issues or you have any concerns. <i>Thank you for the opportunity to take care of you!</i>

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