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ORTHOPEDIC SURGERY & SPORTS MEDICINE

Peroneal Tendon Repair / Debridement Post-Op Instructions

Please follow the weight-bearing limits and rehabilitation protocol below closely.

Food

Start slowly. It's natural to want to eat a lot after surgery, but start with small amounts of your normal food, and eat more as your nausea improves.

Dressing

You may remove your dressing after 48 hours. Redress the incision with a clean dressing or a large Band-Aid.

Incision

Keep your incision dry for 48 hours. After that, you may remove the dressing and shower, but leave the Steri-Strips in place. You may let water run over the incision, but do not soak it in a bath, swimming pool, lake, or hot tub for three weeks. Keep a Band-Aid on the incision until it is no longer draining (about 7 days).

Weight Bearing

No weight bearing for the first 2 weeks. See the rehabilitation protocol below for how weight bearing progresses.

Activity

Stay as active as your pain and swelling allow — without putting weight on your foot. This helps prevent blood clots.

Blood Clots

My biggest concern after foot and ankle surgery is the formation of blood clots. To prevent them, stay active and take one tablet (81 mg) of aspirin twice daily with food for 2 weeks. If you or your family have a history of blood clots — or any other reason for increased clotting risk — you may need more aggressive treatment; please discuss this with Dr. Allred within 24 hours after surgery. What does a blood clot feel like? Blood clots usually (though not always) appear a few weeks after surgery. They typically cause new calf pain and new ankle swelling, and rarely cause shortness of breath. If you think you may have a blood clot, call the office immediately during office hours, or go to the ER after hours.

Swelling

The best way to control swelling is to keep your foot above your heart (sitting up in bed usually does not get your foot above your heart). Controlling swelling dramatically affects healing and complications. If you do not have a splint or cast, ice machines or reusable ice pads (search “ankle ice machine” on Amazon) can help reduce pain and swelling — I like them, but frozen peas work just as well. Be careful not to freeze your skin: use 20 minutes on and 10 minutes off, unless your machine has temperature settings that prevent freezing. If you have a splint or cast, ice machines don't work very well.

Medications

As noted above, I recommend aspirin for two weeks. For pain, alternate over-the-counter ibuprofen and Tylenol — for example, take regular Tylenol, then ibuprofen 2 hours later. Do not take more than the daily dose shown on the label for either one. While taking ibuprofen, I also recommend over-the-counter Pepcid or another antacid to help prevent a stomach ulcer. For prescription pain medicine (narcotics), see below. If you are also taking daily aspirin to prevent blood clots, take your ibuprofen at least 30 minutes after the aspirin — or at least 8 hours before it.

Narcotics

You may need narcotics for a few days, but the sooner you stop using them, the better you will feel. Refills are rarely needed. We do not refill these medications after hours or on weekends, and a refill takes about 72 hours, so please plan ahead. If you take narcotic medications regularly, you will need to make arrangements with your regular prescribing provider.

Post Operative Visits

Call to schedule an appointment about 2 weeks after surgery.

Physical Therapy Protocol

This is the protocol your therapist will follow.

- This surgery removes scar tissue and/or repairs torn or partially torn peroneal tendons, and may involve deepening the bony groove the tendons glide in.
- Active participation in physical therapy is critical to a successful outcome.
- No weight bearing on the ankle for 2 weeks after surgery.
- No active ankle eversion for 6 weeks, to protect the superior peroneal retinaculum (which keeps the tendons in their groove).
- No cutting sports (racquetball, soccer, tennis, etc.) or strenuous running for 4 months.
- Your ankle is wrapped in a well-padded soft cast (splint).
- Ice, elevate, take pain medication, and rest.
- No weight bearing on the operative ankle.
- First post-operative appointment. The soft cast and sutures are removed (if the incision has healed adequately).
- You'll be placed in a boot with the ankle in neutral to limit motion.
- Progressive weight bearing is allowed in the boot (no weight bearing unless the boot is on). Continue crutches, a walker, or a knee scooter as needed to advance weight bearing.
- Remove the boot periodically to do seated active ankle flexion/extension (up and down) to prevent adhesions and scarring.
- No active ankle eversion.
- Physical therapy begins, focused on regaining ankle motion (still no active eversion).
- Full weight bearing now allowed in the boot; continue the boot as instructed.
- Discontinue your assist device (you may use it for long-distance walking or travel).
- Passive/active inversion and passive eversion exercises start under your therapist's guidance.
- Modalities per therapist.
- Wean out of the boot.
- Active ankle eversion permitted under your therapist's guidance.
- Continue range-of-motion exercises (goal: full motion in all planes by 12 weeks).
- Stationary bike with added resistance.

- Avoid walking on uneven or rocky terrain. Modalities per therapist.
- Peroneal strengthening advanced as tolerated under your therapist's guidance.
- Light jogging and activities such as squatting and weight-lifting are permitted.
- Continue to increase activity as tolerated. Balance and proprioception work.
- OK to begin a walk/jog interval program progressing toward running, if full active motion and strength have been achieved (must be cleared by Dr. Allred).
- Begin plyometric drills, starting front-to-back and progressing to lateral movements.
- If you can do all activities without pain, you may begin sport-specific training; otherwise wait.
- OK to walk on uneven or rocky terrain.
- Cutting activities introduced.
- Progressive closed-chain program, increasing intensity with proprioceptive challenges.
- Agilities and endurance work.

Precautionary Measures

1. To prevent infection, you were given IV antibiotics before your surgery.
2. To prevent blood clots, stay active. Walk around your living room once every hour while you are awake, and take aspirin 81 mg twice daily for 2 weeks.
3. If you are taking narcotic pain medication (such as Percocet or Vicodin), you may need a laxative to prevent constipation. We recommend an over-the-counter stimulant laxative such as Senna. Narcotics slow the bowel down, and Senna works by stimulating it. Fiber-only products (like Metamucil) usually aren't enough on their own, since they add bulk but don't stimulate the bowel.

When to Call / Emergencies

Call the office or go to the ER if you experience any of the following:

- Incision opens
- Increased redness at incision site
- Pain uncontrolled by pain medicine
- Uncontrollable bleeding
- Fever > 101.5°F or shaking chills
- Difficulty breathing or chest pain
- New calf pain or ankle swelling
- Painful swelling

If this is a life-threatening emergency, call 911.