

TARSAL TUNNEL SYNDROME

Postoperative Recovery Protocol

Type of Procedure: Outpatient
Length of Procedure: 1 hour
Anesthesia: general anesthesia or twilight with a nerve block

What is tarsal tunnel syndrome?

You may be familiar with the term carpal tunnel syndrome, a condition in the wrist where a nerve gets pinched. Tarsal tunnel syndrome is a similar condition. The main nerve under the foot gets compressed behind the ankle. This leads to a wide spectrum of symptoms including burning, tingling, numbness, aching and pain behind the ankle and under the arch of the foot. Unfortunately, the results of this type of surgery are not very predictable, and only 80% of patients will experience a full recovery. Recurrence of symptoms with burning and tingling can occur, and rarely, your pain can be worse after this surgery.

What is tarsal tunnel surgery?

A cut is made behind the ankle, about 6-8cm in length
The deeper tissues are opened, and the lining of the nerve is released.
The nerve divides into a number of main branches, and for each nerve branch, the tight covering or retinaculum is released and the pressure on the nerve is relaxed.
Some surgeons open the nerve itself, however this is not part of the surgery which I will do, since this increases scarring on the nerve after surgery.

General recovery facts

- You can expect moderate pain for a few days
- You are not allowed to walk on the foot for about two weeks
- You may use crutches or a walker if you need support
- You may drive by about 4 days if it is your left foot, and 2 weeks if it is your right foot
- The foot needs to be bandaged for about 10 days
- You will not be able to get the foot wet while the foot is bandaged
- You can start doing light exercise at about 4 weeks
- You will be able to wear a sneaker type shoe at about 6 weeks
- The ankle will remain puffy and swollen for 4 months
- You can expect some tingling and burning feelings in the ankle for a few months.
- Nerve medication should be taken if the nerve symptoms are uncomfortable



Dr. Graham McCollum
ORTHOPAEDIC SURGEON - FOOT & ANKLE SPECIALIST
MBChB(UCT) | FCS Orth(SA) | MMed(UCT) | Practice No: 0478679

Tel: 021 671 6213
Emergency: 072 277 7043
Email: graham@dmccollum.co.za
Life Claremont Hospital, Suite 804, Wilderness road, Claremont
UCT Private academic Hospital, Anzio Road, Observatory

The specific Post-Operative Course:

Day 1

1. Foot is wrapped in a bulky bandage
2. Ice, elevate, take pain medication
3. Expect numbness in foot 12-24 hours
4. Bloody drainage through bandage is expected.
5. Do not bear any weight

1 week

1. Use crutches, walker, wheelchair or roll-a-bout.
2. Do not change dressing/splint
3. Do not get the leg wet

2 weeks

1. First follow-up in the office
2. Dressing changed
3. Sutures may be removed
4. A removable boot is applied
5. Start motion out of the boot as instructed
6. Can shower, provided the incision is clean and dry
7. Cover the incision with antibiotic ointment before showering
8. Do not soak the foot until the incision is completely dry
9. Can soak in tub when incision completely dry, usually about 3 weeks
10. Walking is allowed only if the pain is decreasing

3-weeks

1. Exercise and physical therapy are important
2. Massage the scar over the ankle 3 times a day with a lubricant
3. Start stationary bike, swimming
4. Physical therapy continues
5. Massage should continue for 3 months or until no irritation over the scar is present
6. A computer gait analysis will be done to measure the pressures on the foot, and an orthotic arch support made

