

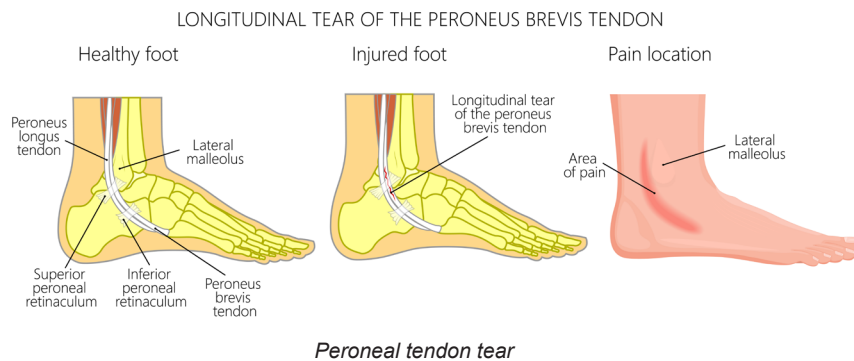
Peroneal tendon repair

Peroneal tendon tears

The peroneal tendons run on the outside of the ankle. There are 2 tendons, peroneus longus and peroneus brevis. These tendons run in a groove on the fibula, which is the smaller of the 2 leg bones. The tendons are kept in position by bands of tissue, known as the peroneal retinaculum. The tendons function to stabilize the ankle by everting the foot (bringing the foot outward).

The tendons can be torn. This can be due to trauma. This is often a non-contact injury when sudden forceful eversion of the foot is required. The foot is often planted to the ground when this occurs, causing one of the tendons to tear. Tears can also be atraumatic and due to overuse or to the degeneration which occurs as part of aging.

Sometimes, the retinaculum can also be torn. This causes a condition called peroneal tendon subluxation where the tendons escape from the groove in the fibula and come to lie in front of the bone. This condition can be painful and can result in tears in the tendon also. This is usually due to trauma.



Surgery | Rehabilitation and recovery

Tears in the peroneal tendon can be repaired. This is done under a general anaesthetic which is augmented by a local anaesthetic block. This can often be done as a day surgery procedure. An incision is made on the outside of the ankle, along the course of the peroneal tendons. The tear in the tendon is identified, debrided (removal of unhealthy tissue) and the torn edges stitched back together. In some very severe tears, a repair may not be possible. If this is the case, the torn tendon may have to be stitched to the other intact tendon. If both tendons are severely torn, then a separate tendon altogether may need to be sacrificed and transferred to either the remaining tendons or their attachments, to restore eversion. A half cast is applied at the end of the operation and this is changed to a full cast at 2 weeks. This is removed at week 6 from surgery. Crutches and / or a knee scooter will have to be used for 6 weeks. A blood thinning injection called clexane will also need to be self-administered daily for 6 weeks. A boot is subsequently worn for 4 weeks. Driving may not be permitted for 8 weeks, depending on whether the right or left foot was operated on. Physiotherapy usually commences at week 6.

Although the operation will be done with the utmost care, complications can occur. These are rare but include blood clots, numbness on the outside of the foot, infection and failure of the repair. Dr Lau will monitor the ankle closely for up to 3 months from surgery usually, to identify and promptly treat any problems.