

## HyProCure implant for flexible flat feet

### Introduction

This leaflet will explain what will happen when you come to the hospital for an operation to insert a HyProCure stent into the sinus tarsi (a naturally occurring space between the bones) of the foot.

### Why do I need this operation?

Your foot rolls in excessively, known as 'hyperpronation', when you walk and this is causing pain in your foot. In some people this restricts their ability to walk comfortably and can cause ankle and knee pain. Often this can be controlled by insoles but for some people this doesn't work and surgery is required.

There are a number of surgical options and the insertion of a HyProCure stent into the foot is one of a number of options. The HyProCure stent is a titanium stent (tube) that is inserted to stabilise and realign the foot. The advantage of this procedure is that it does not require irreversible joint fusion and has a relatively quick recovery. Not everyone benefits from this procedure and the indications for its use are limited to people who have mobile flat feet. If the stent is uncomfortable it can be removed. It is expected that correction of your hyperpronation will have very positive benefits within the entire musculoskeletal chain although this cannot be guaranteed; soft tissue adaptation may take several months. Occasionally, the Achilles tendon may need to be lengthened at the same time and, if it is needed, your surgeon will discuss this with you.

### What does surgery involve?

On the day of surgery you will be admitted to the ward and one of the nursing staff will check you in, take your blood pressure and any other tests that may be required. Your surgeon will remind you of the surgical process and possible complications and will ask you to sign a consent form, if not already completed.





The operation is typically completed under sedation or general anaesthetic, however you will also have local anaesthetic injections around your ankle for post-operative pain relief. At some point during the morning/afternoon you will be escorted to theatre. The operation usually lasts about 20 minutes.

An incision is made on the outside of your foot and the sinus tarsi canal is released. This is followed by insertion of an appropriately sized HyProCure stent. The wound is stitched and a bulky dressing applied. After the operation you will be taken to the recovery ward for observation and then taken back to your room where you will be given a drink and food. You should start taking your painkillers. You will be discharged from the hospital having gone through the post-operative instructions with a member of the team, who will make sure that you are fit to leave hospital.

You should not drive after foot surgery and should be accompanied home by a responsible adult.

You will be advised of your follow up appointment date, either on the day or by letter in the post, this is usually at one week and two weeks post-op.

### How will I feel afterwards?

Although long-acting local anaesthetic, administered during the procedure, should control most of the pain for about 8 to 10 hours, you can expect some pain or discomfort after the operation. Painkillers will be discussed with you prior to your operation and you should bring these with you on the day of surgery.

### Recovering from surgery

#### The first 2 days

Restrict your activity to going to the toilet only. You will be able to stand and take weight on your heel. Bend your knee and ankle regularly to stimulate circulation. Most people are able to stop taking their painkillers after 48 hours. Do not leave the house, drive or get the foot wet.

#### 2-7 days

You should aim to be moving around for 15 minutes in each hour (not in one go) resting with your foot elevated for the remaining 45 minutes. Do not go out of the house, drive or get your foot wet.



### 7 days

Your foot will be checked in the clinic and your dressing will be changed. We may advise you to increase your activity but you should still stay in your house, do not drive and keep your foot dry. Keep wearing your post-operative boot.

### Day 14

At the second post-operative appointment, you will probably have the stitches taken out. You will be advised to gradually increase your activity and exercise your foot. You may wash and bathe normally and apply moisturising cream to improve your skin condition. Your foot will gradually return to normal although you should continue applying ice compresses to your foot **several times** each day to reduce swelling. You may now stop wearing the post-operative boot and change to wearing wide comfortable shoes such as trainers. Start to bear weight through the foot with it flat on the ground with the aid of crutches.

### Days 15- 21

Gentle light unrestricted activity within your own level of comfort. Rest with foot elevated when able. After this you should be able to progressively walk without crutches and take weight through the foot. Slowly return to full activity. Your foot may still ache and be swollen at the end of the day.

## What are the possible risks and complications?

No surgery can guarantee to be successful but the vast majority of people are pleased with the outcome of their surgery. The following information outlines the more common complications relating to foot surgery in general and more specifically to the type of operation that you are having.

### General complications of foot surgery

- Pain. There will be post-operative pain. For most people the pain passes after 24-48 hours and is tolerable with regular painkillers (following dosage recommendations).
- Swelling. This is a normal outcome of any operation. The extent of post-operative swelling varies and cannot be predicted. In some people the swelling reduces within a matter of weeks and in others could take many months. Application of an ice pack greatly reduces the swelling.



- Infection. There is a small risk of infection with all surgery. This would be treated with relevant antibiotics. In some people this might need to be prolonged. Look out for redness and discharge from the wound.
- Deep Vein Thrombosis. Also known as Venous Thromboembolism (VTE), this is a rare complication of foot surgery under local anaesthetic. The risk increases if you are having a general anaesthetic. There is also an increased risk if you take the contraceptive pill, HRT or smoke. Immobilising the leg in a cast also increases the risk of a DVT. If you have had a DVT in the past, please tell your surgeon. If you do have certain risk factors you will have an injection to thin your blood on the day of surgery. This might need to be repeated for up to 7 days following surgery.
- Complex Regional Pain Syndrome (CRPS). This is a rare but difficult complication. This is an abnormal response of the nervous system to surgery but can happen after simple trauma. This can lead to a variety of painful sensations in the foot, which require medical and pain relieving techniques.
- Scarring: As a result of your surgery you will have a scar on your foot. To begin with the scar will be raised, red and sensitive but with time it will usually settle.
- Muscle wasting: This will occur as a result of not using the leg for several weeks after surgery. With exercises and normal walking, muscle power is usually restored to pre surgical fitness

#### Specific complications of the HyProCure implant insertion

- Outcome of surgery cannot be guaranteed. The results may not be as successful as planned or as functional as expected and further surgery may be necessary.
- The implant can move in some patients. This can occur at any stage.
- Fracture of talus (ankle bone) or calcaneus (heel bone).
- Sprained ankle syndrome.
- Inability to tolerate the insertion, requiring removal of the stent.
- Movement or displacement of the stent



This leaflet is intended as a guide only. Your own post-operative recovery may vary.

Useful numbers

Baddow Hospital	01245 671181
Baddow Emergency Contact Nurse	07591 977965