

Flatfoot Reconstruction

WHAT TO EXPECT BEFORE DURING AND AFTER SURGERY

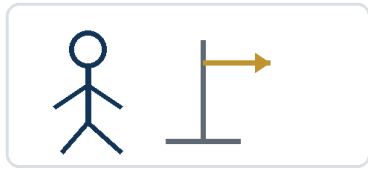
This guide explains the usual surgical journey for adult flatfoot reconstruction. This is an individualised operation: the combination of tendon, ligament, bone realignment or fusion procedures depends on deformity, flexibility, arthritis and patient goals.



BEFORE SURGERY



DURING SURGERY



AFTER SURGERY

WHY SURGERY MAY BE RECOMMENDED

A painful flatfoot may develop when the arch-supporting tendon and ligaments weaken and the foot progressively changes shape. Reconstruction may be considered when pain, deformity or walking difficulty continues despite footwear changes, insoles, bracing and rehabilitation.

PREPARING FOR SURGERY

- Optimise skin condition, swelling, strength and general health before surgery.
- Tell the team about medicines, supplements, allergies, smoking and medical conditions.
- Follow fasting and medication instructions; smoking cessation is particularly important for bone and wound healing.
- Arrange transport, home assistance and equipment for several weeks without normal weight bearing.
- Plan safe access to the bathroom, sleeping area and stairs before admission.

WHAT HAPPENS DURING SURGERY

- The operation is performed under anaesthesia and often combines several procedures.
- Tendons and ligaments may be repaired, transferred or reinforced to support the arch.
- The heel or midfoot bones may be cut and repositioned; arthritic joints may require fusion.
- Plates, screws or other implants may hold the correction while bone heals.
- Hospital stay ranges from day surgery to one or more nights, depending on complexity.

YOUR EXPECTED RECOVERY

FIRST 2 WEEKS	Protect the reconstruction in a splint or cast, elevate strictly and keep the dressing dry. Most patients must not bear weight on the operated foot.
2 TO 8 WEEKS	A cast or boot protects healing. Weight-bearing status is determined by the exact procedures and X-rays; do not progress without approval.
8 TO 12 WEEKS	Gradual weight bearing and transition to footwear may begin when bone healing is adequate. Physiotherapy restores walking, movement and strength.
6 TO 12 MONTHS OR LONGER	Function improves gradually; swelling and endurance may take a year or longer. Return to impact activity depends on the reconstruction and healing.

COMMON RISKS TO UNDERSTAND

Infection, blood clots, wound-healing problems, nerve irritation, stiffness, delayed or failed bone healing, hardware irritation, tendon weakness, residual or recurrent deformity and further surgery are recognised risks.

SEEK URGENT MEDICAL ADVICE FOR

Fever or wound discharge; increasing redness or uncontrolled pain; new calf swelling or pain; chest pain or breathlessness; discoloured or numb toes, a tight or wet cast, or a fall onto the foot.

Important: This general information does not replace your consultation, consent discussion or individual surgical instructions. Your surgeon's directions take priority.

EVIDENCE BASE

FootCareMD, American Orthopaedic Foot & Ankle Society. Adult Acquired Flatfoot Deformity Surgery. • BOFAS Hyperbook. Adult Acquired Flatfoot Deformity. • Myerson MS et al. Classification and treatment of progressive collapsing foot deformity. Foot Ankle Int. 2020;41:1271-1276.

