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FAQ Flat Foot Reconstruction

How is a flatfoot deformity treated without surgery?

Anti-inflammatories when painful
Physical therapy
Orthotics
Shoewear

How is a flatfoot reconstruction performed surgically?

Flatfoot reconstructions can involve a number of different procedures, based on a patient's individual foot. This is why certain diagnostic imaging studies are performed and why an in person physical exam is imperative. After reviewing a patient's information, we are able to determine which of the many flatfoot reconstruction procedures will be best for each patient. Below is a list of the different procedures. During your pre-op discussion, we will inform you of which of these will be performed on your foot.

-Subtalar Fusion: A subtalar fusion helps to realign the hind foot. Cartilage is removed from the subtalar joint and screws are used to compress the calcaneus to the talus in a new position to help realign the foot. Once the fusion heals, the two bones essentially become one and some range of motion is lost.

-Calcaneal Osteotomy: This procedure is used to realign the hindfoot. An osteotomy (or cut through bone) is made in the calcaneus. The back portion is slide over into a new position and held together with screws.

-Cotton Osteotomy: This is performed to realign the midfoot and help to recreate an arch in the foot. A bone graft wedge is place on the inside part of the midfoot to help make a larger arch. The wedge is typically held in place by a metal plate and screws.

-Lateral Column Lengthening: This is performed to realign the midfoot. A bone wedge graft it placed on the outside part of your mid foot to lengthen that side, which helps to off load the inside part of your foot. The wedge is typically held in place by a metal plate and screws.

-Lapidus/Akin: This procedure helps to realign the forefoot. It is performed through small incisions in the midfoot to fuse the 1st Tarsometatarsal (TMT) joint and even small incisions at the great toe to realign the 1st proximal phalanx. Both portions are secured with screws.

-Tendon Transfer: This procedure is performed to strengthen the posterior tibial tendon, which lies on the inside part of your ankle. Right next to it, the FDL and FHL tendons also run from you calf into your foot. The FDL is commonly used in foot and ankle to strengthen other tendons around it. If the posterior tibial tendon is determined to be extremely weakened and degraded, we can take the FDL tendon. The FDL is removed from its insertion in the foot, and placed where the Posterior tibial tendon typically inserts into the foot. Now, the FDL will function in place of the Posterior tibial tendon. You will not lose other function in your foot because there are other tendons that perform similar functions to the FDL and your body quickly learns to adapt.

-Gastroc Recession: This procedure is performed to assist in ankle motion and to offload excess pressure on the Achilles tendon. A small incision is made in the inside of the calf. Using special instruments, we lengthen one of the muscles called the gastrocnemius, by releasing the fascia around this muscle.



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What is the recovery time for a flatfoot reconstruction?

After surgery you will be in a splint for 2-3 weeks. At your first post-op appointment, sutures and splint will be removed and you will leave in a CAM boot, but you are still non-weight bearing. You will begin to move the ankle joint and toes. You will not be able to put weight onto the foot for a total of 8-12 weeks after surgery- depending on the particular procedures used and how you do in the recovery process. X-rays will be taken at each post-op visit to help determine when you may begin to bear weight. You will remain in the boot for about 12-16 weeks after surgery and will continue to increase your activity at that point.

Is physical therapy necessary after surgery?

Yes. Physical therapy is necessary after surgery to regain motion of the ankle, break up scar tissue, and to decrease swelling. You may find that you have some muscle weakness after surgery so regaining your strength is also important. A physical therapist will also help you with your gait and balance. This is typically started 4-6 weeks after the procedure and is continued until your goals are met.

What are the risks of surgery?

All surgery has some inherent risks. While relatively rare in foot and ankle surgery, we feel it is important to inform our patients of possible complications. We will go over possible complications in detail during the preoperative visit. Some are listed below:

Poor wound healing: Very rarely (<1%), a patient will have slow or poor wound healing. This would result in waiting longer to allow the incision to get wet, and a potentially larger than anticipated scar

Infection: While very rare (<1%), if this occurs you would need antibiotics and perhaps further surgery.

Blood clots: Also, very rare (1%). Please inform us if you have a personal or family history of blood clots, as this can increase your risk.

Numbness: Patients should expect some mild numbness around their incisions that typically goes away after a few weeks. Occasionally some numbness may persist. This should not affect your activity, but you will notice numbness to the touch.

Bone healing: If the bones do not heal (nonunion) we may have to perform the surgery again. Smoking, early weight bearing, and diabetes increase this risk. In an otherwise healthy patient, who is compliant with the post op recovery, the risk is about 3-5%.

Continued Pain: Surgery is not 100% guarantee. You may continue to have pain, or develop new pain after surgery. We will continue to evaluate and monitor you throughout the post op recovery. At some point, we may consider removing the hardware (as described in the next section), to alleviate the pain. If this does not help, we will look into it further to see if you require more PT, additional therapy (shockwave therapy, injections), or an additional surgery.



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Does the metal hardware come out eventually?

The metal can remain in your foot forever without causing any harm. We only take the hardware out if it bothers you or there is a strong personal preference. Hardware removal requires a minor procedure in the operating room once the bone is fully healed, typically 6-12 months after the original procedure.

What type of anesthesia is used?

Most of our procedures are done with a nerve block (regional anesthesia) while you are in a twilight sleep. First, the anesthesiologist will sedate you with Propofol. Then, they will perform the popliteal fossa block in the operating room once you are asleep. It will numb your leg from the knee down. This is typically a long-acting block that may last 24-48 hours. On rare instances this can last as long as 3 days. This is done for pain control and comfort during and after the procedure.

Sometimes, the anesthesiologist will also do an epidural, or "spinal," in addition to the medication behind the knee. This will numb you from the waist down during the procedure and wears off in the recovery room.

You will meet with your anesthesiologist the day of surgery to discuss what type of anesthesia will be performed in more detail., including the risk of anesthesia.

Do I have to stay overnight?

No. Most of our surgeries are ambulatory. You typically come in 2 hours before your procedure and stay about 1-2 hours after the procedure. Please leave the whole day open.

What medications are prescribed after the procedure?

Pain: Ibuprofen (600mg every 6 hours) and Tylenol (650mg every 6 hours), strictly for 3 days to reduce the need for opioid medication. You will have a prescription for 5-15 tablets of 5mg oxycodone, depending on the procedure. Refills are not given. Our goal is reducing your need for opioid medication. Most patients do not require opioids past post-op day 3. Taking opioids for 4 days or more increases your risk of addiction.

Anti-nausea medication: Zofran 4mg to be taken as needed every 8 hours.

Constipation: Colace 100mg 3x/day, as needed, for constipation after anesthesia and with opioid use. In some cases, we add Senna to be taken twice daily, only as needed.

Bone health: Calcium citrate and Vitamin D3 should be taken daily for 3 months after surgery. If the pharmacy cannot provide you with this prescription, you may purchase it over the counter. Please take 1,000-1,200mg Calcium daily and 1,000-1,200 IUD Vitamin D3 daily.

Blood clot prevention: Aspirin 325mg daily for 2-6 weeks after surgery. If you have a history of blood clots in your family or you are at high risk for blood clots, we may give you a different medication.

Your medications will be sent to your pharmacy after the procedure. If you wish to have your medications prescribed before the surgery, you will need to contact the physician assistant at least one week prior and



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provide reasoning for receiving your medications early. This is important, as you will be prescribed opioid medications, which are a controlled substance.

What can I use to make my life easier after surgery and can I buy it ahead of time?

Recovering after surgery is hard. There are multiple things we can recommend to help make it slightly better:

Knee Scooter: If Dr. Johnson chooses the formal bunion correction for you, you will not be able to weight onto your foot for 6-8 weeks. Having a scooter will make this much easier. If you would like to rent one you can go to www.kneewalkercentral.com or call 855-973-3978. Alternatively, you can buy one online on websites such as Amazon.

I-walk: A small population do well with something called an I-walk. This looks like a pirate's peg leg and straps to your lower leg. You put your weight through your knee. This allows you to more easily do things like stairs and have your hands free.

"Even Up": If you are given a boot or a heel wedge shoe, you may feel uneven on the opposite leg. You can purchase an Even Up online to use on the opposite foot over the shoe. This is especially helpful to prevent hip or knee pain due to being unbalanced.

Shower bag/cast bag: For any procedure you will need to keep your foot dry for 2 weeks after the procedure. You can do this by putting a cover over your dressing. You may purchase this at any pharmacy or online.

Shower Chair: If you do not have a bench in your shower/bath, you may purchase or rent a shower chair so you can sit as you bathe.

Wedge Pillow: Assists in elevation, can be purchased on Amazon

Walker/crutches: This is usually provided for by the physical therapist after your procedure in the recovery room.

Will someone call me after my procedure?

Yes. You will get a call from the hospital the day after surgery and from either Dr Johnson or Rebecca, the physician assistant (PA). If the hospital gives you instructions that do not align with what Dr Johnson or Rebecca discuss with you, please use our instruction instead. The hospital will be giving you general guidelines, but we are more specific to you as a patient and to your surgery.

How do I safely dispose of my medication after surgery if I have some left?

It is important that left over pain medication is removed from the home and safely discarded. Most pharmacies, hospitals, and police stations participate in the "take back program" that for safe drug disposal. If you would like to find a disposal location close to you, please visit:

<https://www.deadiversion.usdoj.gov/pubdispsearch>



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Alternatively, if you have a couple of pills left, you may separate them out of the bottle and mix them in cat litter or coffee grounds. Do not flush the medication because they get in the water supply. Please also do not throw them out in the bottle as people may go through your garbage.

Should I ice after surgery?

Yes. You will not feel the ice through the splint, so in the initial post op period, try icing behind your knee. When you return for your first post-op appointment, we will remove the dressing for you and you will be able to ice. Please remember the 20min on and 20min off rule for icing.

Can I adjust my splint?

No. Please keep your splint on and do not adjust. Keep it clean and do not allow it to get wet. Be careful to make sure the shower bag fits appropriately to decrease the risk of damaging your dressing.

If you are concerned the splint may be too tight or causing pain, please call to let us know.

How much do I need to elevate?

Elevation in the first two weeks is extremely important. Reducing swelling helps in pain control and making sure your incisions heal. We recommend elevating 80% of the time during the first week and 50% of the time the second week. Placing your leg on 2-3 pillows should be sufficient, but the higher the better.

What is considered "normal" after the procedure?

Swelling, pain, and bruising are all normal after surgery. You may notice swelling and bruising travel into the toes, even on toes we did not operate on. This swelling will go up and down depending on how much you elevate. You may have good days and bad days. Try to limit your activity. The bruising may also change location or color. This is normal. A small amount of drainage is also normal after surgery. If your dressings have soaked through or do not stop draining, please call the office.

I put weight onto my foot by accident. Did I hurt the surgery?

Accidents happen. If you are told to not put weight onto your foot, please refrain from doing so. If you by accidently fall off your scooter or there is some situation where you by accidently put weight onto your foot, you may have increased pain and swelling. If this does not go away after a day or two, please call the office. The likelihood that one event has hurt your surgery is unlikely.

My foot is red or purple when I keep it down, but then goes away when I elevate it. Do I have an infection?

Most likely no. Due to increased swelling your foot may become a different color, usually purple or red, when you put your foot down up to 6-8 weeks after surgery. This is usually accompanied with increase pain and the feeling of blood rushing to your foot. Because you are not moving your foot normally, the veins are not allowing proper return of the blood up the leg. The discoloration should go away once you elevate your foot. If this does



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not resolve when you elevate your foot, or you have associated fever, chills, warmth of the foot, or drainage of incision sites, please call the office.

I already have crutches/walker at home. Should I bring this with me to surgery? What about a scooter?

Yes, you may bring these with you to surgery. Either way, a physical therapist from the hospital will evaluate you the day of surgery to ensure that you have the correct assistive devices.

If you have a scooter, we do not recommend bringing this with you to surgery as you may be too unsteady immediately after the procedure to use it safely. Please leave the scooter at home. You may use the scooter as soon as you feel comfortable and steady after the procedure.

I think I will need help after surgery. Who do I contact to make sure I get what I need at home?

If you live at home alone or feel you may need extra assistance after surgery, we are here to help! We will help you contact an HSS social workers/case manager before surgery to help make sure you have the care you need after surgery. Please ask the office how to arrange this.

Is it possible to see a physical therapist before surgery so that they can teach me how to be non-weight bearing and how to go up/down stairs?

Yes, if it would make you feel more comfortable post op. This can be done close to your home or we have a walk-in clinic on the 2nd floor of the main hospital. You will need a prescription to do so.

How do I know what time is my surgery and where to go?

Someone from the main hospital will call you the day before surgery with all of this information, usually between 2pm-7pm. They will tell you where to go, what time to be there, what to bring/what not to bring, and what time you will have to stop eating/drinking.

We operate at both the main hospital and the ambulatory center. Please refer to the addresses below.

Please wear comfy sweat pants to surgery as it will be easier to place over your dressing.

I have a problem after surgery, who do I call?

Please call the office at 212-203-0740, Option 3 if there is a problem. If it is after hours, this will be directed to the Emergency Line and will be fielded to Dr. Johnson, the physician assistant, or a foot and ankle Fellow.



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IMPORTANT NUMBERS:

Dr. Johnson Main Office: 212-203-0740 Option 3
My HSS Portal Help Desk: 844-269-4509

IMPORTANT ADDRESSES:

Dr. Johnson's office: 420 E 72nd Street, 1B, New York, NY 10021
Main Hospital (Hospital for Special Surgery): 535 E 70th street, NY, NY, 10021
East Side ASC, Ambulatory Surgical Center: 1233 2nd Ave, second floor, NY, NY, 10065
West Side ASC, Ambulatory Surgical Center: 610 West 58th street, second floor, NY, NY 10019

Summary:

- Pre access surgical team will reach out about scheduling your pre surgical testing
- COVID PCR swab is required for ALL surgical patients, to be done within 5 days before surgery
- hospital will call you the day before your surgery for the exact time and location
- you must be accompanied by someone you know to leave the hospital after surgery
- post op meds will be prescribed the day of surgery, immediately after the procedure
- elevation/rest 50-80% of the time in the first 2-3 weeks post op
- the first post op visit is with the PA, dressing and stitches will be removed and you will likely get an X-ray
- the 2nd post op is with Dr Johnson, about 6-7 weeks after surgery
- the first two post ops will be automatically scheduled by the office automatically, please call the office if you need to change the date/time
- PT prescription will be given at first post op appointment, along with further instructions for recovery
- please keep this packet as it is your best guide to post op recovery



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Patient Attestation of Understanding:

I, _____, reviewed the pre-operative **Flat Foot Reconstruction packet** with Rebecca Paugh, PA-C prior to surgery. I was given the opportunity to ask questions and all my questions were answered. I understand the post-op protocol and the importance of patient compliance for my recovery. I understand that there is an inherent risk to surgery, these risks were discussed with me in detail. I know how to reach out to the office if I have further questions or concerns

Signature: _____