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Haglund's Resection

Explanation:

Haglund's deformity or "pump bump" is a prominence at the posterior tuberosity of the calcaneus. Inflammation is noted at the insertion of the Achilles tendon, posterior heel, and in the retrocalcaneal bursa. Pain is aggravated by footwear and certain activities. Patients will wear open back shoes to avoid pressure to the posterior heel. Treatment options depend on the presentation. A heel lift placed in the shoe along with a gel sleeve worn to protect the posterior heel is use in mild inflammation. If significant inflammation is noted or improvement is not noted with a heel lift and sleeve, than boot immobilization with a heel lift is instituted along with an anti-inflammatory medication. The next choice is surgical resection of the haglund's deformity and possible debridement/reattachment of the Achilles tendon, if conservative treatment fails to quiet down the inflammation.

Procedure:

The Haglund's deformity (prominent tuberosity) is resected along with removal of inflamed contents of the retrocalcaneal bursa. Exploration is performed of the Achilles tendon with debridement if necessary. If significant calcification of the Achilles is noted, extensive debridement with detachment of the Achilles from its insertion is performed. Reattachment is done with the use of suture anchors.



Pre-Operative Considerations:

All patients will have a pre-operative medical evaluation arranged either through your primary care provider or through pre-admission testing at Froedtert. Anti-inflammatory medications (i.e. ibuprofen, aspirin, plavix, or celebrex) need to be stopped seven days prior to surgery. You will be contacted the day prior to your scheduled procedure regarding the exact time of your procedure and required arrival. Please be punctual. If you are not contacted by 3:00 PM, please call (414) 805-3285 for procedures being done at Froedtert's main OR or (414) 805-9500 for procedures at Sargent Outpatient Surgery Center.

Following surgery you will be unable to place weight on your surgical extremity thus pre-operative planning is essential. Prior to surgery, an appointment with a physical therapist will be made for instructional use of crutches or a walker as their use will be required post-operatively. The device will also be fitted to your height during this appointment. The crutches or walker will be issued at that appointment or arrangements will be made to obtain the device or arrangements will be through a medical supply company approved by your insurance. Some patients may opt to use a Roll-a-bout or wheel chair. These devices can be obtained through your local medical supply store. Please contact the office (414-805-7442) with the medical supply store of your choice and a prescription can be faxed in. Regardless of the modality used to maintain your non-weight bearing status, please practice in your home prior to surgery as repetition will reduce the risk of falls post-operatively. Removing throw rugs and clearing wider pathways through your home will also make navigating with crutches or walker easier and diminish the risk of falls.

During the period when strict elevation is required (the first ten days) you will need help with activities of daily living such as laundry, cooking, and cleaning. Please plan ahead and consider having friends or family stay with you. Driving is contraindicated during the acute post-operative recovery phase and may be prohibited for a longer period of time if your right foot requires immobilization. Showering will also be difficult during the recovery phase as you are unable to place weight on the surgical leg and cast/dressing needs to be kept clean and dry. Consider the use of a shower chair and/or hand held shower head. You will need to protect the leg by leaving it outside the shower as well as using bags or a plastic cast sleeve (brochure available in cast room) to ensure dressings remain dry.

Postoperative Visits

Day 0-10

- Outpatient procedure: The procedure takes about 1-2 hours. Patients may go home the same day.
- Anesthesia: This is done under a general anesthetic. A popliteal block, which injects local anesthetic behind the knee, may also be administered pre-operatively to enhance post-operative pain control.
- Dressings: Following the procedure, a bi-valved cast or splint will be applied to the lower leg. This dressing is to be kept clean, dry and left in place until you return to clinic.

- Non-weightbearing: To ensure optimal surgical results, you will be unable to bear weight on your operative side. The use of crutches or walker is required. Activities are strictly limited during this time.
- Elevation: Strict elevation above heart level (toes above the nose) for the first ten days is important to your recovery as it helps to minimize pain and swelling. Swelling can adversely affect the soft tissue by placing increased tension on incisions putting them at increased risk for dehiscence.
- Pain Control: Pain medications will be prescribed to be used as needed. Pre-Operative nerve blocks can last between 8 to 12 hours; however, waiting to take pain medication until the block has completely worn off can result in increased breakthrough pain which can be difficult to manage. Please plan accordingly and take your medication promptly when sensation begins to return to the foot usually indicated by a tingling sensation in the toes or mild discomfort at the surgical site. Pain medications may be taken on a scheduled basis in the early post-operative recovery phase as this is when the pain is most intense.

Day 10 – First Post-Operative Visit

- First postoperative visit with non-weightbearing x-rays, suture removal.
- If resection of Haglund's deformity was done without Achilles debridement/repair, patient is placed in boot with heel lift and allowed gradual weight bearing from 10-100% over four weeks.
- If resection of Haglund's deformity with Achilles debridement/repair, patient placed in boot in equinus and Achilles protocol instituted which entails an additional four weeks of non-weightbearing. If Achilles tendon repair is extensive, a short course of cast immobilization may be required.
- May elevate extremity as needed

Week 6

- If resection of Haglund's deformity was done without Achilles debridement/repair, begin weaning from boot.
- If resection of Haglund's deformity with Achilles debridement/repair was preformed, patient begins gradual weightbearing over the next 4 weeks per Achilles protocol. If casting was required, patient is transferred to boot and Achilles protocol is instituted.
- Advancement of activities may be varied based on patients' past medical history and radiographic presentation.

Week 12

Continue with physical therapy and wean from boot if not already instructed to do so. Increase activities as tolerated. It may require 10-12 months for complete rehabilitation. Compliance with home physical therapy protocol following discharge from formal physical therapy is key to improving strengthening and endurance of the foot and ankle. Swelling can persist up to 6 – 8 months. The use of compression stockings can help diminish post-operative swelling.

Scar Management: Steri-strips, which were placed over the incision following suture removal, will gradually fall off between week 6-8. Do not pull at these; you may trim the loose edges. Once the Steri-strips have fallen off, you may massage Vitamin E oil or

Mederma into the incisions twice a day. Silicone gel strips should also be used in conjunction with the other scar management modalities. These can be obtained from the Orthopaedic Physical Therapy department located on the 5th floor near the orthopaedic clinics.

If any questions arise, please contact the office at (414) 805-7442 between 8:00 am and 4:30 pm Monday through Friday. Leave your number and message, Dr. Marks, Jamie, his physician assistant, or Mary S., his nurse, will return your call.