Complications of Heel Surgery

George F. Wallace, DPM, MBA

KEYWORDS

• Complications • Heel surgery • Calcaneus • Foot and ankle

Complication is defined as "A morbid process or event occurring during a disease that is not an essential part of the disease, although it may result from it or from independent causes." Using this definition, foot and ankle surgeons would substitute the words, *surgery* or *surgical procedure*, for the word, *disease*. Anyone who relates having no complications can be accused of not doing surgery, not recognizing them, or failing to acknowledge their occurrence. There are myriad surgical procedures performed on the calcaneus for a variety of pathologies (**Table 1**). Everyone has a potential for a complication no matter how well surgery is performed. In a broad sense, complications can be characterized as being iatrogenic or resulting from a breach in patient compliance. The latter can be avoided to an extent with perioperative education and frequent reminders about following directions.

Any of the complications (discussed later) have to be discovered early. They need to be addressed promptly. Candid discussion with patients regarding complications and what is required to fix a problem is necessary. Keeping patients ill informed or misinformed or burying one's head in the sand is inappropriate. How foot and ankle surgeons apply the rule to be open and acknowledge a complication may make the difference between a medical malpractice suit initiated or an incident falling just under the complication rubric.

SURGICAL PLANNING

No matter how meticulously a surgical intervention is planned, statistically a complication can ensue. As Louis Pasteur famously said, "Chance favors the prepared mind." Proper preparation can lessen the chance of a complication. All the planning in the world, however, can never eliminate a complication.

Planning begins with an accurate history and physical examination. Comorbidities, such as diabetes, osteoporosis, and rheumatoid arthritis, have to be taken

Podiatry Service, University Hospital – University of Medicine and Dentistry of New Jersey, 150 Bergen Street, G-142, Newark, NJ 07103, USA *E-mail address:* wallacgf@umdnj.edu

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Table 1 Common surgical procedures performed on the calcaneus
Resection of exostoses from various locations
Haglund deformity resection
Calcaneal osteotomies
ORIF of calcaneal fractures
Arthrodeses
Tumor resection
Miscellaneous

into account. These may not lead directly to complications but can increase their rate. Vigilance within the postoperative period then becomes paramount. Smoking history has to be factored in also. If surgery is required after a traumatic episode, or a "redo" surgery is performed, foot and ankle surgeons must know how these can affect complications. The diagnosis of the pathology has to be accurate. Surgical procedures matches the pathology and the patients' medical condition and psyche. Surgeon experience for the index procedures should be within a comfortable framework. Experience in something as complex as open reduction internal fixation (ORIF) of a calcaneal fracture improves outcomes due to the steep learning curve.³

Templates may be used to facilitate surgical performance. Saw bones can be used for practice. Reconstructions in 3-D allow for a better understanding of fracture patterns and spatial relationships (**Fig. 1**).

All these steps are repeated when faced with a complication requiring additional surgery. Surgical intervention to fix a complication, however, can create patient and surgeon angst. The surgeon is cognizant of the previously operated soft tissue envelope, scar tissue, bone composition, fixation, and systemic factors that have an impact on eliminating the complication. Rarely can the foot withstand multiple attempts before a patient is classified a "surgical foot cripple." Each surgery adds extended healing times to recuperation.



Fig. 1. Saw bone model of calcaneal fracture.

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