Endoscopic Plantar Fasciotomy

On the underside of the foot and heel is a tight band of tissue called the plantar fascia. Sometimes the plantar fascia become inflamed (the body's way of reacting to injury, overuse or infection) which produces pain. The condition is known as *plantar fasciitis*.

One way to treat plantar fasciitis is through an endoscopic plantar fasciotomy. This is surgery to reduce the tension on the plantar fascia. However, it is a minimally invasive surgery because there will be no large incision. Instead, the surgeon inserts a thin, flexible tube through a small (1/16th of an inch (1.59 mm)) cut in your skin. The surgeon can examine and release the fascia through this tube. Recovery from an endoscopic fasciotomy is usually less painful and faster than from open surgery.

BEFORE SURGERY

- Ask whether you need to get shoes that will support your heel and arch while you recover.
- 7 to 10 days before the surgery, stop using aspirin and non-steroidal anti-inflammatory drugs (NSAIDs) for pain relief. This includes prescription drugs and over-the-counter drugs such as ibuprofen and naproxen.
- If you take blood-thinners, ask your healthcare provider when you should stop taking them.
- Do not eat or drink for about 8 hours before your surgery.
- You might be asked to shower or wash with a special antibacterial soap before the procedure.
- Arrive 1-2 hours before the surgery, or whenever your surgeon recommends. This will give you time to check in and fill out any needed paperwork.
- If your surgery is an outpatient procedure, you will be able to go home the same day. Make arrangements in advance for someone to drive you home.

LET YOUR CAREGIVER KNOW ABOUT THE FOLLOWING:

- Any allergies.
- All medications you are taking, including:
  - Herbs, eyedrops, over-the-counter medications and creams.
  - Blood thinners (*anticoagulants*) or other drugs that could affect blood clotting.
- Use of steroids (by mouth or as creams).
- Previous problems with anesthetics, including local anesthetics.
- Possibility of pregnancy, if this applies.
- Any history of blood clots.
- Any history of bleeding or other blood problems.
- Previous surgery.
- Smoking history.
- Other health problems.
- Family history of anesthetic problems

THE PROCEDURE

- You may be given *general anesthesia* (you will be asleep), *regional anesthesia* (your leg will be numbed) or *local anesthesia* (just the area around the fascia will be numbed). With regional and local anesthesia you will be given medication to make you groggy but awake during the procedure.
- Your foot will be cleaned and sterilized.
- The surgeon will make a cut (*incision*) on the side of your heel. Then a thin tube that contains a tiny camera will be inserted into the space. The camera makes it possible for the surgeon to see what is happening inside your foot.
- The surgeon will work through this tube to release the fascia.
- The tube will be removed, and dressing will be applied to the incisions.

AFTER SURGERY

After the procedure, you will be taken to another room to recover. People usually go home the same day. Before leaving, make sure you have detailed instructions on how to care for the incision. Also, you may be given crutches and shown how to use them. Ask your surgeon whether physical therapy will be needed.

RISKS AND COMPLICATIONS

Short-term possibilities include:

- Excessive bleeding.
- Pain.
- Loss of feeling (*numbness*) at the site of the incision.
- Hematoma, a pooling of blood in the wound.
- Infection.
- Slow resolution of the symptoms.

Longer-term possibilities include:

- Scarring.
- A return of the condition that led to fasciotomy.
- Damage to nerves in the area.
- Weakness in your foot.
- Need for additional surgery.

HOME CARE INSTRUCTIONS

- Take any prescription medication for pain and/or nausea that your surgeon prescribes. Follow the directions carefully and take all of the medication.
- Ask your surgeon whether you can take over-the-counter medicines for pain, discomfort or fever. Do not take aspirin unless your healthcare provider says to. Aspirin can increase the chances of bleeding.
- You may need to put ice on your foot for 10 to 15 minutes each day for several days.
- While you are resting, keep your foot elevated above the level of your heart.
- Do not get the incisions wet for the first few days after surgery (or until the surgeon tells you it is OK).
- Avoid standing or walking for long periods. Your healthcare provider will tell you when you are clear to resume normal activity. If your job requires a lot of standing or walking, ask to be assigned to a less active position for about 8 weeks.
- When you are up and about, wear shoes with a supportive heel and arch support. Soft running shoes may be recommended for the first two weeks of recovery.

SEEK MEDICAL CARE IF:

- The wound becomes red or swollen.
- The wound leaks fluid or blood.
- Your pain increases.
- You become nauseous or vomit for more than two days after the surgery.
- You have pain or difficulty moving your foot.
- You develop a fever of more than 100.5°F (38.1°C).

SEEK IMMEDIATE MEDICAL CARE IF:

- Your leg or foot starts to swell.
- You develop a fever of 102.0°F (38.9°C) or higher.

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