

POST-OPERATIVE INSTRUCTIONS FOLLOWING SURGICAL RELEASE OF LEG CHRONIC EXERTIONAL COMPARTMENT SYNDROME

PAIN RELIEF

Your surgeon will have infiltrated the wounds with a local anesthetic. This, in combination with the effect of drugs administered by the anesthetist, will keep you painfree in the recovery area.

Later on, and often after you have been discharged home, the pain may increase as the effect of these agents wears off. Take analgesics only as instructed by the anaesthetist or surgeon, and keep the leg or legs elevated to reduce the swelling and pain. Place ice on the painful area for 20 minutes every 2-3 hours.

INCISIONS

Your surgeon will have made anywhere between 1 and 4 incisions in your affected leg or legs, in order to successfully release the affected compartments within your leg.

The incisions will be closed with sutures (stitches) that are self-dissolving (in most cases), reinforced with steri-strips on the skin. The dressings should be left intact until reviewed by your surgeon 7-14 days following the surgery.

EXERCISES & WEIGHT BEARING FOLLOWING SURGERY

You may require crutches for the first 2-3 days following surgery, but you are allowed to weight bear as much as tolerable. Moving the foot and ankle following the procedure is important to minimize the formation of scar tissue.

The objective of the surgery was to reduce the pressure within the involved muscle compartments of your leg by releasing the tight fascia (acting as a tight envelope made of connective tissue). Although the skin is closed, the incisions made within the fascia are not closed with stitches, and the objective is for the fascia to heal in this new decompressed position. Therefore movement is encouraged and early movement cannot “undo” the operation, in fact it will make it more effective. For the same reason walking is permitted as soon as pain permits.

No attempt at running, or “walking for exercise”, should be made before review by your surgeon, but is usually gradually introduced 3-4 weeks following surgery.


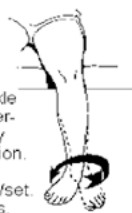
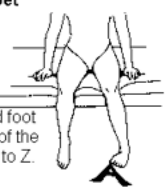


BETWEEN DISCHARGE AND FIRST POST-OPERATIVE REVIEW

- You will be discharged from the hospital when your pain is under control and you have managed to eat and drink without problems
- You are not allowed to drive for 24 hours following surgery and you will be discharged with your designated carer
- **Phone Dr. Porter’s rooms to confirm the time of your appointment on**
____/____/____
- For the first 2-3 days, spend most of your time lying flat with your leg(s) elevated on a pillow
- You are allowed to weight bear, with or without the assistance of crutches, but for the first 2-3 days this should be minimized to activities such as getting to and from the toilet and/or moving around the house

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- You should commence the simple exercises shown below, starting with the simpler ones, and as soon as recovered from the anaesthetic. This will usually be the evening of the surgery

Foot and ankle movements

	<p>Start by performing simple ankle and foot up and down movements with the heel against a wall as shown below. This helps to reduce the swelling.</p>
<p>Ankle/Foot Circles</p>  <p>Slowly rotate foot/ankle clockwise and counter-clockwise. Gradually increase range of motion.</p> <p>Repeat ___ repetitions/set Do ___ sets/sessions.</p> <p>Ankle Alphabet</p>  <p>Using your ankle and foot only, trace the letters of the alphabet. Perform A to Z.</p> <p>Repeat ___ times Do ___ sessions per day.</p>	<p>When the ankle can be left hanging without a throbbing sensation, the exercises below can be commenced. These should be done for 5-10 minutes, at least four times daily.</p>
<p>A</p>  <p>B</p> 	<p>Neural stretches</p> <ul style="list-style-type: none"> These stretches are performed while lying on your back (see opposite), with the knee straight Alternately move the ankle from a dorsiflexed position to a position of plantar flexion, inversion in supination (turn the foot and ankle down and in, as far as possible) Hold the position for 3 minutes and then relax Repeat 3 times and do these stretches twice daily

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COMPLICATIONS

In unusual circumstances complications can result from any surgical procedure.

If your pain that is not relieved by elevation of the limb and simple pain killers, loosen the bandages to see if this will relieve the pain. If it does not, contact your surgeon. If this is not possible and your pain becomes severe, attend the nearest Accident and Emergency department. They will either look after the problem or will contact your surgeon or a colleague of his, if required.

Similarly, contact a local Accident and Emergency Department if you develop fevers, chills, night sweats, chest pain, shortness of breath, bleeding from the surgical sites or any other symptom about which you are concerned.

FIRST POST-OPERATIVE REVIEW (6-12 days post surgery)

- At this appointment Dr. Porter will check the wounds for healing and check for any local complications
- Dr. Porter will communicate with your referring doctor and physiotherapist
- You will be asked to make an appointment with your treating physiotherapist. Take the physiotherapy referral and / or physiotherapy guidelines handout with you to see the physiotherapist.

SECOND POST-OPERATIVE REVIEW (around 5-7 weeks post surgery)

- At this appointment Dr. Porter will check that your recovery is on course
- If you have not started running he is likely to instruct you to start running soon after this appointment, when you have completed the rehabilitation

PHYSIOTHERAPY GUIDELINES

PHASE	Weight bearing	Treatments	Exercise permitted
I – acute inflammatory phase (3-10 days)	As tolerable, with or without crutches, but essential walking only to reduce inflammation	Ice, ROM exercises in all directions, actively & then active assisted Early neural stretches with leg elevated	Upper body weight training and arm ergometer only. Water-based training as soon as wounds <u>completely</u> healed. Torso-trunk exercises.
II – early scar formation and maturation (day 5-21 post surgery)	As tolerable, for ADLs only	Continue anti-inflammatory modalities if required. Stretching, active and passive for all leg compartments. Continue and	Water-based training (healed wounds). Stationary and road cycling if confident. Upper body weight training. Trunk exercises.

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		<p>increased neural stretches. Gentle myofascial stretches / releases. Early low resistance exercises.</p>	
<p>III – 3 weeks onwards</p>	<p>As tolerable</p>	<p>Emphasis on stretches, myofascial stretches / releases, strengthening work (concentric, and then eccentric, finally plyometric), CKC drills, gait retraining.</p>	<p>Upper body weight training. Graded return to lower body weights in conjunction with specific rehabilitation drills. Cycling, elliptical trainer, stair climber, jogging on treadmill</p>
<p>IV – 4-6 weeks onwards</p>	<p>As tolerable and for exercise if required.</p>	<p>Emphasis on strengthening and plyometrics. Correction of any contributory biomechanical factors such as heavy heel strike.</p>	<p>Graded return to all training including running and jumping activities.</p>