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Accessory Navicular Surgery

INTRODUCTION

The Navicular is a boat-shaped bone in the arch of the foot. A large tendon called tibialis posterior inserts on the navicular and by pulling on this bone, it is able to hold the arch of the foot up, pulls the foot in towards the midline, and works overtime when you go up on your toes. In 10 – 15% of the population, there is a smaller marble-sized accessory navicular that sits next to the main navicular. It is generally associated with a flatter style foot. From time to time, an accessory navicular can become inflamed. Specifically, the false joint between the accessory navicular and main navicular becomes chronically inflamed through injury or overuse. Firstline management is an orthotic with an arch support to take the tension off this area. When this fails, surgery is indicated.

THE PROCEDURE

There are a number of steps to Accessory Navicular Surgery:

1. General Anaesthetic
2. Administration of intravenous antibiotics
3. Insertion of arthroereisis plug via small incision (1cm) on outside of foot if the foot is flat
4. 5 cm incision made over accessory navicular and tibialis posterior insertion
5. The portion of tibialis posterior that inserts on the accessory navicular is taken down and off the accessory bone
6. Accessory navicular is excised
7. Tibialis posterior is reinserted onto the main navicular using bone anchors and sutures
8. Check Xray using intra-op Xray machine
9. Wound Closure with sutures
10. Plaster Backslab

RISKS & COMPLICATIONS

Every surgical procedure carries some risk. These risks are largely uncommon and many are rare.

They include:

Anaesthetic complications

Drug reactions

Wound infection
Deep Vein Thrombosis (DVT)/Pulmonary embolism (PE)
Sensory nerve injury
Chronic Regional Pain Syndrome
Ongoing Pain
Need for removal of arthroereisis plug (15%)

POST OPERATIVE PROTOCOL

1 night in hospital for observation, training with hospital physiotherapist to use crutches/knee scooter
Backslab plaster and its dressings kept dry and intact until first post-op appointment
Keep foot elevated as much as possible, for the first 2 weeks
Bloodthinner (Xarelto) taken for first 2 weeks whilst non-weightbearing
Pain killers required for up to 2 weeks
First post-op appointment roughly 2 weeks post surgery for wound check and conversion to boot
Weightbearing – nonweightbearing for first 2 weeks,
Weightbearing in moonboot from 2 – 6 weeks
Formal physio starts at 6 weeks
Return to sport by 4 - 6 months
Full recovery up to 12 months

PROBLEMS AND CONCERNS

If you have any queries or concerns, contact Dr. Ling's rooms on 9650 4782 between business hours. After hours or on weekends, if your matter is urgent, please present to the Emergency Department at Prince of Wales Hospital if you are an adult, or Sydney Children's Hospital if the patient is your child, and you will be seen by the Orthopaedic Registrar on call, who will contact Dr Ling directly