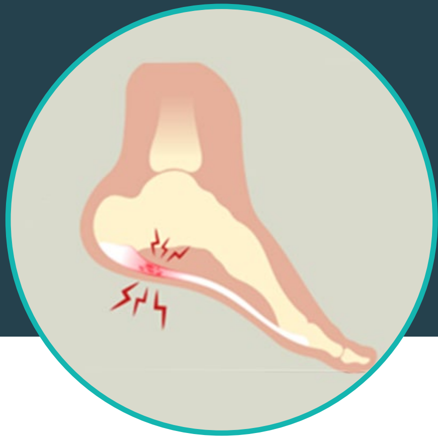
PLANTAR FASCIITIS



OVERVIEW

- More common in older individuals, but there may be a genetic component in a small group of patients.
- It's characterized by inflammation of the plantar fascia, causing pain under the heel.
- Symptoms often worsen after a night's rest or prolonged periods of sitting.
- Having an ultrasound done by an expert in musculoskeletal ultrasounds provides benefits.
- Benefits include having a baseline thickness for your plantar fascia so that treatment can be monitored. Another benefit is that atypical plantar fasciitis can be identified, when nodules form in the fascia, with management being mostly surgical.

Effective Treatment Options:

- **Ice Therapy**: Applying ice to the bottom of the foot helps reduce inflammation. It is essential to protect the skin by placing a cloth between the ice and the skin. Optimal duration for icing is 30 minutes, multiple times a day.
- **Anti-inflammatory Medication:** Celebrex, a safe anti-inflammatory medication, is prescribed for three months to tackle inflammation. Consistent daily use is crucial for optimal results.
- Ice and anti-inflammatory medication can be tried for three months to see if it improves the pain. If it does not resolve, infiltration and surgery are the next options.
- **Corticosteroid Infiltration**: Corticosteroids is administered under anaesthesia in a controlled environment. This procedure targets inflammation. It is typically done as a day procedure in theatre so that patients can lie still and pain free. This is why we do not offer this procedure in the consultation rooms. For more detailed information about what to expect when coming for infiltration, please refer to the leaflet "Infiltration".
- **Surgery:** Reserved for cases where conservative treatments fail. Surgery involves dividing the plantar fascia to reduce tension, particularly effective for atypical plantar fasciitis with nodules detected on ultrasound.

Ineffective Treatments:

- Rolling an ice bottle or a golf/tennis ball under the foot.
- Using insoles that elevate the foot's bridge.
- These ineffective methods may not only fail to alleviate pain but could potentially worsen it. Therefore, it is crucial to avoid them and focus on evidence-based treatments outlined above.

SURGERY

For more detailed information about what to expect in relation to surgery, please refer to the leaflet "Day of surgery essentials".

Pre-procedure:

- You will receive a scheduled time for your procedure from our practice manager, Elzette.
- Fill in the forms sent to you by our office via email or find the forms online at www.ankledoc.com under "Patient Corner".

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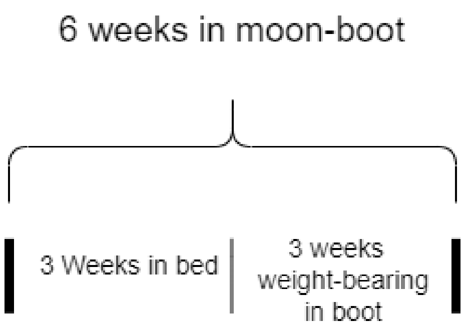
- Upon arrival at the hospital, you will undergo the standard admission procedure.
- Nurses will admit you to the ward and ask you medical questions to ensure your readiness for the procedure.
- It is often helpful to bring a list of your chronic medications.
- Relevant foot/feet will be marked with a marker for identification.

During the procedure:
- When it's your turn, you will be escorted to the theatre.
- You will briefly meet with your doctor before being anesthetized.
- You will receive a below-the-knee block.
- The doctor will make a small incision on the inside of your foot.

Post-procedure:
- After the procedure, you will be taken to the recovery room to wake up fully from anaesthesia. Once fully awake, you will be returned to the ward.
- Most of our patients remain in hospital for two nights. Approximately 50% of patients need to stay a second night. It gives you ankle-block time to wear off and during that time we can get ahead of the pain with intra-venous medication. During this time, it also gives our physio and Dr Wessels time to visit you.

Aftercare and rehab:



- You will not be allowed to put any weight on your foot for 3 to 6 weeks. You will have to wear a moonboot during this time. The first three weeks it is important that you do not step on your foot to allow your wound time to heal.
- Rehabilitation is important. Work together with the physio to obtain an acceptable range of motion for your foot.
- Swelling at the end of the day is normal. Swelling is only concerning if it is worse when you wake up and if there is a new and worsening pain associated with it.
- You will need to take Celebrex for a month or two to control the inflammation.

Wound care:
- 3 weeks post-op is also the time when your stitches can be removed if the wound has properly healed. Please refer to the leaflet demonstrating how to remove the stitches if you wish to do so at your local hospital or GP.