

# Notes for physicians following up on a syndesmosis bunionectomy

Dear physician,

Thank you for following up on a syndesmosis bunionectomy, I'd like to share some ideas that will help insure optimal healing. To learn more about the procedure, please go to the webpage <http://bellevuefoot.com/the-syndesmosis-bunionectomy>.

I like to follow up with these patients at the following intervals:

- One week:** Wound check, x-rays and dressing change. Start the patient on passive sagittal plane range of motion exercises at the 1<sup>st</sup> mtpj.
- Two weeks:** Suture removal, Encouragement for increased their range of motion exercises at the 1<sup>st</sup> mtpj. Consider PT. There's a nice PT protocol on the bottom of the webpage that's specific for this procedure.
- One month:** X-rays and clinical evaluation of range of motion, wound healing and alignment. Patient can go from their postop shoe to firm athletic shoe with orthotic.
- Two months:** Clinical evaluation of range of motion, alignment.
- Three months:** X-rays.
- 5 months:** X-rays and general check.
- 8 months:** General check.
- One year
- As needed....

On the webpage, patients print out a '**syllabus**' that serves as a *roadmap to recovery*. It has QR codes with videos and pdf's on ROM exercises. It also highlights the use of a **Caretas bunion corrector**, which is a great splint to align the hallux postoperatively to guard against any shifting.

## How much walking can patients do afterwards? (less steps/day is always fine!)

**The first three days:** Bedrest, with trips to the bathroom only. To the bathroom, they can put full weight on their foot, but keep it flatfooted.

**The rest of the first week:** A maximum 500 steps per day (this includes steps with the other foot)

**The second week:** A maximum of 1000 steps per day

**The third and fourth week:** 2000

**The second month:** 3000 gradually going up to 4000. I usually transition them into a firm athletic shoe at this point and have them use a camboot only if they have work or travel requirements to walk more than advised.

**The third month:** 4000 gradually going up to 5000

**After the third month:** Patients can increase by 10-20% (steps per day) per week. I have them keep a **keen eye out for 2<sup>nd</sup> metatarsal stress fractures**. This occurs 15% of the time and usually requires a camboot for a short time.

**After four months,** they can think about brisk walking, running at 6 months...

-Steps per day is measured by a **Fit Bit or activity monitor and includes steps from both feet.**

The patient is 'bullet-proof' at 6 months. In other words, there should be no chance of increase IM angle at that point since the syndesmosis should be fully formed.

**Hardware removal/suture release:** If it's been after 6-12 months and the patient has any hardware issues, I'll either release the suture in the office (along the 1<sup>st</sup> metatarsal), or take them to the OR for plate and suture removal. I'll do this about 15% of the time.

If you have any questions, please email me at [djichi@uw.edu](mailto:djichi@uw.edu)!

Thanks for your help in caring for our patient!

Doug Ichikawa, D.P.M.