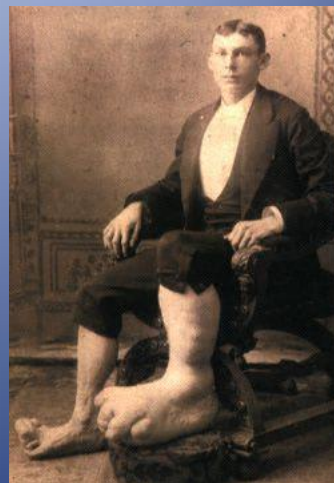


## Foot And Ankle Surgery

AvMA Conference  
Leeds 2017

## Clinical Negligence

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## Disclaimer

- All people and events are accurately represent but patient identity will remain anonymous
- If history recognised and not accurately described this is artistic licence designed to make the author look big and clever
- If I cause offence by any remarks good I meant it

## Prevalence of Symptoms.

- Complex arrangement of bones joints and specialised soft tissues.
- Wide range of pathologies.
- Ankle sprains are commonest major joint injury.
- 90% affected by forefoot pain.
- Usually benign.



## Common Problems Leading To Litigation



## Hallux Valgus Surgery



## Basic Anatomy

- Hallux valgus - hereditary
- Bunion
- Soft tissues
- Angulation
  - Hallux Valgus angle
  - Intermetatarsal angle
  - DMAA
- Arthritis



## Treatment

- Over 130 different procedures described
  - Bolam difficulties
- Depends on symptoms, degree and OA
- Fashionable surgery
- Three parts
  - Bunionectomy
  - Bone alignment
  - Soft tissue balancing

## Problem Areas

- Assessment
- Consent
- Decision making
- Performance
- Outcome

## Decision making

- 56 yrs female
- GP – bony lump right great toe mild HV on left
- Orth – Hallux rigidus on right only 20 degree arc localised tenderness to bone spur. Severe HV on left greater than 45 degrees with overriding second toe.

## Pre-Operative X-ray

## Options

- Conservative
- Left HV correction
- Right Fusion
- Right Arthroplasty
- Right Kellers
- Amputation
- Right HV correction Left Fusion

## Result



## A Matter of Degree

- 50years female long history of HV and painful bunion. Keen on surgery.
- Seen and assessed for Mitchell's osteotomy
- Standard post-op
- Once out of cast patient unhappy + nerve pain
- Stated some HV remains
- Increasing symptoms

## X-ray



## Arguments

- Mitchell's never corrects that degree of deformity but recognised technique.
- Early recurrence recognised complication but not early recurrence since never corrected
- HV surgery should be tailored to the degree of deformity
- Degree of residual deformity acceptable



## Performance

- 39yrs female with left hallux valgus and painful bunion
- Recommended for correction by osteotomy
- Mitchell's performed
- Cast removed patient dissatisfied as looked the same
- Only difference lateral border of great toe numb

## X-ray



## Right Operation

- 56 years female
- Long standing HV with pain 2/3 MTPJ dislocation
- Large HV angle and IMA
- Scarfe and Akin recommended and performed 2/3 Weils
- Unhappy with result offered revision of second toe

## Wrong Result



## Fixation Failure?



## Metalwork

- 52yrs female cerebral palsy
- Leg length discrepancy progressive flat foot deformity and increasing pain
- X-rays revealed talo-navicular OA and pes planus
- Recommended treatment Triple Arthrodesis

## Post-operative film(1)



## Post-Operative (2)



## Podiatric Surgery

## Podiatry

- Been around for centuries.
- Named diseases often described earlier by unrecognised author.
- Morton's neuroma – Durlacher of Vienna.
- Chiropodist – didn't operate.
- Credited to Morton whose description based on removed specimen.

## Podiatry.

- In UK anyone can operate provided informed consent obtained.
- Not true for animals (Vets only)
- No medical qualifications necessary but do have training and podiatric surgery qualifications .
- In UK in 2011 <50 podiatrists operate.
- Majority independent.

## Podiatry.

- Local Anaesthesia enabled chiropodists to operate.
- In USA majority of foot surgery not orthopaedic.
- Title changed to podiatry to avoid confusion with chiropodists.



## Podiatry.

- 'Consultant Podiatric Surgeon'
- Source of conflict.
- Not medically qualified.
- Not surgeons.
- Complication treatment.
- Equipment, theatres etc.



## Achilles Tendon Injury

## Anatomy

- Three muscles, one tendon
- Muscle, aponeurosis, tendon, bone.
- 'A normal tendon does not rupture'
- It is more common to sustain a complete rupture than a partial rupture
- Muscle tears – different area and symptoms
- Ciprofloxacin

## Allied Conditions

- Tendinosis – intra substance tear
  - Rupture risk
- Tendinitis - at insertion
  - Do not rupture
- Treatment conservative, occasionally operative
- NEVER STEROID INJECTION



## Case

- 42 year old female. Achilles tendon pain with swelling.
- Seen and assessed offered steroid injection
- Six weeks later stepped off kerb complete rupture.
- Imaging/ultrasound
- Typical delay
- No proven benefit of injections

## Rupture

- Classic history
- Occurs at forced push off
- Degenerate tendon
- Take history
- Examination
- Special tests
  - Tip toe
  - Simmond's

## Management

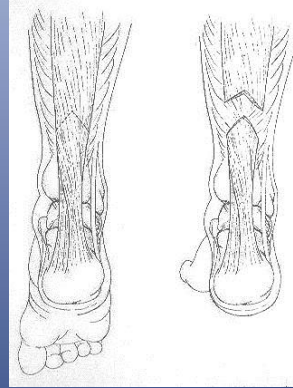
- Diagnosis
- Confirmation
- Early treatment immobilisation vs. Surgery - risks
- Beyond 10 days surgery only
- Within six weeks functional outcome as successful as for day one.
- Primary repair/secondary reconstruction
- Common miss, common litigation

## Common Complaints

- Delay in diagnosis – history and poor examination
- Delay in presentation
- Investigation
- Re-rupture
- Wounds

## Achilles Surgery

- Tendon lengthening common procedure.
- Multiple methods
- Usually secondary condition
- Needs Immobilisation
- Outcome excellent in children



## Unnecessary Hoke

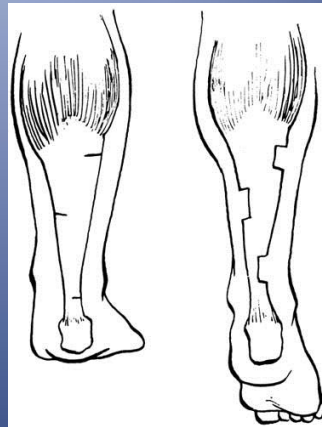
- 62 years female, folk dancer
- Left bunion, pain with dancing
- Seen advised for correction but advised TA tight and needed lengthening to prevent recurrence of HV – no indication

## Unnecessary Hoke



## Unnecessary Hoke

- Hoke performed at same time - no immobilisation
- Tendon too long - no dancing



## Fractures



## Foot Injuries.



## Foot X-rays.



## Missed fractures

- Assessment
- Sprain or fracture
- Ottawa guidelines
  - Examination
  - Ability to weight bear



## What Changes?

- Missed fractures
  - No Treatment or delayed treatment
  - Operative window
  - ? Pain and suffering
  - Prognosis
  - Displacement
  - Joint involvement

## Terminology

- 38 years old female, twisting injury to right ankle
- Seen diagnosed with avulsion fracture to anterior tibia.
- Treated in cast for five weeks - physio.
- On-going severe pain.
- Second opinion
- Fracture in ankle - missed

## X-ray



## MRI





## Ankle Views

- 41 female slipped at home injured right ankle
- Seen – Bimalleolar # medial and posterior
- ? For MUA
- ORIF at 7 days – swelling
- Cast for eight weeks
- Physiotherapy

## Day 1



## Day 8



## Eight Weeks



## Seven Months



## Twelve Months



## ?Missed injury?

- 44years injured left foot on trampoline
- Swollen over dorsum
- Unable to WB
- A&E x-ray
- Referred to Orthopaedics
- Admitted – backslab
- Diagnosis – Probable Lisfranc

## X-ray



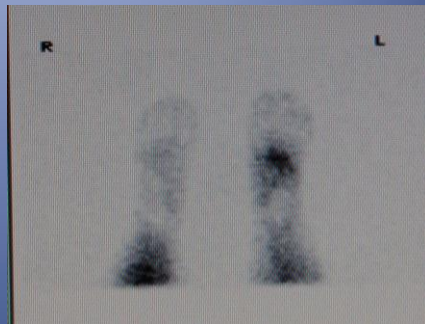
## Definite Miss

- 11 days review
- Swelling down
- X-rays NBI
- Discharge



## ?Investigation

- Six weeks represents with pain and swelling
- Mid foot collapse
- X-rays reviewed
- Bone scan!!



## Final Outcome

- CT – Lisfranc
- Stabilised
- Solid fusion obtained
- CAUSATION



## Flat Foot

- 24 years male bilateral pes planus
- Insoles in past
- Pain with work activities
- Surgical correction by talo-navicular fusion recommended
- Initial surgery failed
- Revision fusion
- Was advised 18/12 recovery

## Pre-op



## Surgery

- Recommended talo-navicular fusion – naviculo-cuneiform performed
- Four hole plate (only implant available) + screws into talus, navicular, cuneiform and first TMTJ
- Six weeks mobilised
- Failed - non-union and metalwork
- Revision

## Begins with F but not Flat



## Summary

- Very common area of litigation
- Wide range of complaint
- Wide variability of treatment
- Often compounding factors





Thank-you.