Introduction
This leaflet outlines the surgical treatments available for the heel condition known as Haglund’s deformity.

What is Haglund’s deformity?
Haglund’s deformity is a bony enlargement on the back of the heel. The soft tissue near the Achilles tendon becomes irritated when the bony enlargement rubs against shoes. This often leads to painful bursitis, which is an inflammation of the bursa, a fluid-filled sac between the tendon and bone.

What causes this condition?
Bursitis due to Haglund’s deformity is often called “pump bump” because the rigid backs of pump-style shoes can create pressure that aggravates the enlargement when walking. In fact, any shoes with a rigid back, such as ice skates, men’s dress shoes, or women’s pumps, can cause this irritation.

Heredity probably plays a role in Haglund’s deformity. Inherited foot structures that can make one prone to developing bursitis (due to Haglund’s deformity) include:
- A high-arched foot.
- A tight Achilles tendon.
- A tendency to walk on the outside of the heel.

What are the symptoms?
- Pain in the area where the Achilles tendon attaches to the heel.
- Swelling in the back of the heel.
- Redness near the inflamed tissue.

How is it diagnosed and treated?
The prominence is normally self evident and if painful there are a number of treatment options.
Non-invasive treatments include:
- Achilles tendon stretches.
- Insoles.
- Physiotherapy.

However, if having tried these non invasive techniques, the bony prominence remains tender, making it difficult to walk in normal shoes, then surgical treatment may be required.

**What are the surgical options?**
There are two possible procedures.

1. If the angle of the heel is especially high, as seen in picture (1) below, a wedge of bone may need to be removed from the centre of the heel bone. In this situation a wedge is removed and the bone stapled back together lowering the prominence of the heel (2).

![Note pre-operation angle of heel bone.](image1)

2. If the pitch of the heel bone is not seen to be too high then the operation instead involves removal of the bony prominence alone.

Surgery is usually carried out using general anaesthetic (you will be asleep).

**What does surgery involve?**
On the day of surgery you will be admitted to the ward and one of the nursing staff will check you in, take your blood pressure and any other tests that may be required. Your surgeon will remind you of the surgical process and possible complications and will ask you to sign a consent form. The anaesthetist will also meet you and discuss any queries that you might have about the anaesthetic and any issues related to your general health. At some point during the morning/afternoon you will be escorted to theatre.

Once in theatres you will be given a general anaesthetic and will wake up once the operation is over. The procedure lasts about 45-60 minutes and involves making an incision on the back of your heel and removing the wedge of bone (operation1), or removing the bony prominence (operation 2).
After the procedure you will have a below knee plaster cast applied. The length of time this stays on depends on the amount of damage to the Achilles tendon. You will be shown how to use crutches.

After the operation you will be taken back to the ward and once able you should start taking your painkillers. Your surgeon will see you on the ward after the operation to answer any questions that you might have and make sure that you are fit to leave hospital. You will be wheeled to your transport in a wheelchair.

You should not drive after foot surgery and should be accompanied home by a responsible adult.

You will be advised of your follow up appointment date, either on the day or by letter in the post.

**Recovering from surgery**

**The first 2 days**
Restrict your activity to going to the toilet only. You must use the crutches and not bear weight through the operated foot. Bend your knee periodically to stimulate circulation. Most people are able to stop taking their painkillers after 48 hours. Do not leave the house, drive or get the foot wet.

**2-7 days**
You should be moving around for a total of 20 minutes in each hour resting with your foot elevated for the remaining 40 minutes. Do not go out of the house, drive or get your foot wet. Use the crutches to move around.

**At 7 days**
Your foot will be checked in the outpatient clinic. Sometimes, the cast is changed but not always. You may be advised to increase your activity but you should still stay in your house, do not drive and keep your foot dry.

**At 14 days**
At the second post-operative appointment you will probably have the stitches taken out. This is normally painless. The cast will be removed and replaced with a new lighter cast. You will be advised to gradually increase your activity.

**4-6 weeks**
The cast will be removed and you will probably be fitted with an aircast walker boot. You will be able to bear weight through the heel. You can remove the boot to bathe and will not need to wear it at night. You will be shown some exercises for the foot and ankle. Apply ice compresses to your foot several times each day to reduce swelling.

**At 6-8 weeks**
You should be able to return to normal shoes. The ankle will be stiff but you should be able to slowly increase your activities. The pain and swelling around the surgical site should be reducing. It will be 6-9 months before you feel the full benefit of surgery.
What are the possible risks and complications?

The successful outcome of any operation cannot be guaranteed. The following information outlines the more common complications relating to foot surgery in general and more specifically to the type of operation that you are having.

General complications of foot surgery

− **Pain.** There will be post-operative pain. For most people the pain passes after 24-48 hours and is tolerable with regular painkillers (following dosage recommendations).

− **Swelling.** This is a normal outcome of any operation. The extent of post-operative swelling varies and cannot be predicted. In some people the swelling reduces within a matter of weeks and in others could take many months. Application of an ice pack greatly reduces the swelling.

− **Infection.** There is a small risk of infection with all surgery. This would be treated with relevant antibiotics. Look out for redness and discharge from the wound.

− **Deep Vein Thrombosis.** Also known as Venous Thromboembolism (VTE), this is a rare complication of foot surgery under local anaesthetic. The risk increases if you are having a general anaesthetic. There is also an increased risk if you take the contraceptive pill, HRT or smoke. Immobilising the leg in a cast also increases the risk of a DVT. If you have had a DVT in the past, please tell your surgeon. If you do have certain risk factors you will have an injection to thin your blood on the day of surgery. This might need to be repeated for up to 7 days following surgery.

− **Complex Regional Pain Syndrome (CRPS).** This is a rare but difficult complication. This is an abnormal response of the nervous system to surgery but can happen after simple trauma. This can lead to a variety of painful sensations in the foot, which require medical and pain relieving techniques.

− **Scarring:** As a result of your surgery you will have a scar on your foot. To begin with the scar will be raised, red and sensitive but with time it will usually settle.

Specific complications of Haglund’s deformity surgery

− There is a very small risk of rupture and that is why you will be in a cast after the operation.

− **Nerve damage resulting in numbness and tingling...**

− The scar line can rub on the shoe and cause pain.

− The prominence can reform.

Useful numbers

**Adult Day Surgery Unit, Reading:** 0118 322 7622
**Day Surgery Unit, West Berkshire Community Hospital** 01635 273492
**Redlands Ward** 0118 322 7484/7485
Any concerns you may have during the first 24 hours following your discharge from hospital please telephone the ward you were on. After 24 hours please seek advice from your GP.

For more information about the Trust visit www.royalberkshire.nhs.uk

This document can be made available in other languages and formats upon request.

Pod Surg/EK002
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