

Surgery for an accessory navicular (extra foot bone)

Introduction

The aim of this leaflet is to answer some of the questions that you or your child may have about accessory navicular and its treatment. You will also have an opportunity to discuss any further concerns with us, in clinic.

What is accessory navicular?

An accessory navicular is an extra bone (ossicle) which is found next to the navicular bone (one of the bones on the inside of the foot). It is the most common accessory bone in the foot occurring in between 4-14% of the population.

What is the cause?

This condition tends to run in families so may have a genetic basis.

What are the symptoms?

It tends to cause problems in adolescence and is often related to having flat feet. The extra bone can become painful as it causes a painful bump that can rub on the inside of shoes.

How is it diagnosed?

It is usually easy to feel the bump and the diagnosis is confirmed with an X-ray – see yellow circle shown.

What are the treatment options?

Non-operative treatment: These are always tried first and often relieve symptoms. Please see separate patient information leaflet on accessory navicular



What does surgery involve?

The operation is straightforward and done as a day case under a general anaesthetic. It involves removing the additional bone, through a small scar over the bump, on the inside of the foot.

What is the aftercare?

It is really important to elevate the foot for 72 hours after the operation, to help the swelling settle and aid healing. You will have a temporary splint (half plaster), with a heel-walking shoe. Crutches are useful but not essential to get around, particularly at school.

You will have a follow up appointment in fracture clinic arranged for approximately two weeks after the operation. This is to check the scar is healing, organise some new insoles and start physiotherapy.

Physiotherapy should continue for several weeks to strengthen the foot, ankle and calf. It is likely that you can return to running at 4-6 weeks and contact sports at 8-12 weeks.

What are the success rates and risks ?

The surgery has a success rate of about 90% (9 out of every 10) in taking the symptoms away completely. The risks of surgery are small and include the general surgical risks of infection, a scar, numbness and specific risks of this operation – ongoing pain, tendon damage. We will discuss this in detail with you before the operation. The vast majority of patients do well and return to pain free activities after 3-4 months.

Contact us

If you require any further advice please contact:

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More information

Visit the Trust website at www.royalberkshire.nhs.uk

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

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