

Patient Information: Medial Head of Gastrocnemius Release

The calf muscles...

The gastrocnemius is the larger of the 2 main calf muscles (the other being soleus) that join together to form the Achilles tendon. The 'medial head' is the part of the muscle on the inner side of the calf, near to your knee joint.

Why does it need releasing?

A tight calf muscle will prevent your foot from bending upwards towards your shin, which may make it difficult to walk with the heel on the floor. Over time this can contribute to both pain and deformity around the foot and ankle. Calf tightness may contribute to many common foot problems, including heel pain, Achilles tendon pain, flatfoot deformity, toe pain and bunions.

The operation is considered when more simple measures have failed to improve the range of motion at your ankle; such as stretching and strengthening exercises. We work closely with the Physiotherapy department with this.

What does the operation involve?

This operation involves a making small incision (cut) near to the top of your calf muscle (gastrocnemius). The fascia (lining) that surround the gastrocnemius muscle are released to allow greater movement. The muscle itself is not incised (cut) and therefore we would not expect to see a significant loss of muscle strength.

What happens after the operation?

This operation is performed as a day case procedure and you should return home the same day. You will have been provided with a walking boot, which should be worn both day and night for the first 2-4 weeks. It can be removed for short periods, such as when washing, dressing or exercising. Elbow crutches may be required to allow you to walk safely but are not essential.

There will be some post-operative discomfort within your upper calf, for which you can take simple analgesia (such as Paracetamol). It can sometimes feel like you have torn the calf muscle

The sutures will be removed at 2 weeks and you will be seen by your Surgeon's team at 6 weeks.

It is important that you begin some simple calf stretches as soon as possible in order to gain the most benefit from the surgery (see below).

What are the risks of surgery?

The complications are similar to those of any surgical procedure and are generally very low. They include the risks of anaesthesia, bleeding and blood clots, infection, damage to nerves causing altered or loss of sensation to part of the lower leg/foot, a painful scar or complex regional pain syndrome (CRPS), a type of nerve pain.

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Thrombosis – The risk of getting a clot in your leg following this surgery is small. Some patients may be at an increased risk. Therefore your surgeon will tailor the need for clot prevention injections to yourself based on any noted risks. We advise that you drink plenty of water and move around as much as is sensible to reduce the chances of a clot.

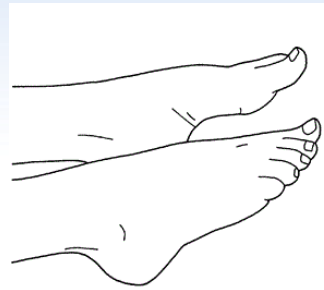
Please be vigilant for symptoms of thrombosis, including:

- Swelling – you will have some swelling due to the nature of the surgery but if you have any concerns please call for advice.
- Pain – new pains since the operation.
- Calf tenderness.
- Heat and redness compared to the other leg.
- Shortness of breath or chest pain when breathing in.

If any concerns regarding this, please seek medical attention urgently.

Exercises:

Remove the walking boot 1st.



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1. To maintain ankle flexibility and circulation regularly pump them up and down as far as possible. Repeat this for 1-2 minutes.

2. Place your operated leg behind your unaffected leg with the knee straight and toes pointing forwards. Lean forwards against a wall, keeping your back leg straight and heel down. A strong pull in the calf should be felt during the stretch. Hold the position for 30 seconds and repeat 5 times. This is 1 set. You should do at least 3 of these sets per day.



3. Repeat with your operated leg bent at the knee. Again repeat 5 30 second stretches.

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Work

You may return to sedentary work after 1 week, with the boot in place. For those patients who do more manual work or whose work involves standing for long shifts, up to 4-6 weeks off work may be required.

Driving and Flying

You can drive as soon as the boot has been removed. It is imperative that you are safe making an emergency stop, and therefore practicing before embarking on a drive is wise. Return to driving may be possible earlier if the car is automatic and the left foot has been operated on. More information available at www.dvla.gov.uk

According to the Department of Health flying should be avoided for 8 weeks after surgery. For further information see below: www.nhs.uk/chg/Pages/2615.aspx?CategoryID69

Sport

Sport can be resumed after full recovery from surgery has occurred and walking and running is comfortable. It is sensible to start with light non impact activity and build up to competitive sport. It is important to listen to your body and increase activity as comfort allows.

What if I need to contact someone?

Fracture Clinic –

Tel: 0151 529 2554 (Monday – Friday)
Please leave a message on the answer machine stating your name and contact number and a member of staff will return your call.

Ward 17 – (always open for advice)

Tel: 0151 529 3914 / 3527



If you require a special edition of this leaflet

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Tel No: 0151 529 2906

Email: interpretationandtranslation@aintree.nhs.uk