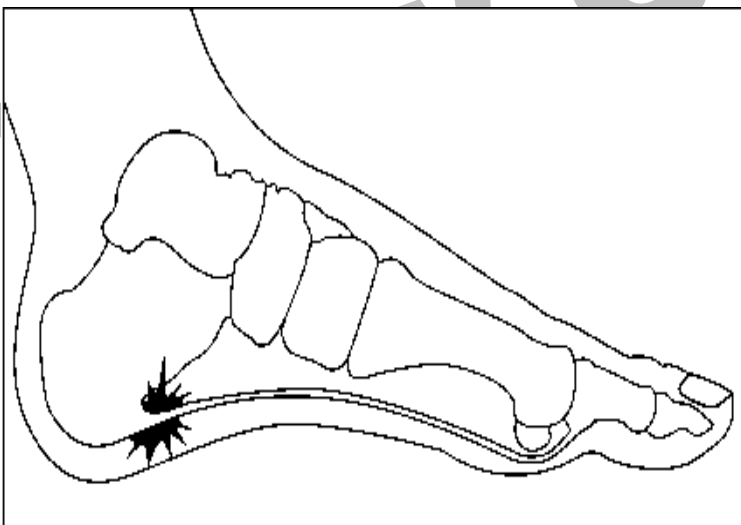


Heel Pain and Plantar Fasciitis - Information for patients

This leaflet tells you about the condition known as heel pain caused by plantar fasciitis. It explains what is involved, and the common complications associated with this condition. It is not meant to replace discussion between you and your doctor, but as a guide to be used in connection to what is discussed with your doctor.

What is Plantar Fasciitis?



The heel bone is the largest bone in the foot and absorbs the most shock and pressure. The plantar fascia is a broad band of tissue that runs along the bottom of the foot from the heel to the toes. It is designed to help support the arch of the foot.

The tissue around the heel bone can become painful and inflamed, sometimes pain can be felt anywhere along the sole of the foot, along the arch, in front of the heel and in the middle of the foot.

What causes it?

The stress brought on by spending all day on your feet or if you are overweight are common causes of plantar fasciitis. People suffering from rheumatic conditions may experience inflammation in this area. It is also common in people with flat feet or people who have high arches, as both increase the strain on the ligaments supporting the foot. Most people who suffer with plantar fasciitis also seem to have a "tight" Achilles tendon.

In some cases extra bone may form near the spot where the plantar fascii is attached to the heel, causing a small spur. These spurs can irritate nerves and cause pain, but sometimes they are present in people and cause no pain.

What are the signs and symptoms?

This condition is most common in middle aged and overweight adults, who may have lost some of the elasticity in the ligaments.

You may experience inflammation and swelling of the foot. The pain is often more noticeable after a period of inactivity, as the muscles in the foot tighten when not in use.



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Once activity starts the muscles loosen and stretch and the pain decreases however prolonged or strenuous activity will once again increase the pain.

How is it diagnosed?

Your doctor will examine your foot to see what is causing the pain. You may be asked to have an x-ray to rule out a fracture or arthritis, and blood tests may be done.

How is it treated?

Initially your doctor may recommend changing your diet to reduce weight and so the pressure on your feet. They will also recommend changes to the style of your footwear to avoid high heels and tight shoes. Shoe inserts may be used to help to lift and separate the bones and reduce pressure on the nerve. Painkillers such as paracetamol or anti-inflammatory medicines can help reduce the pain.

In severe cases an injection may be given to help to reduce pain and swelling. You may be asked to wear a splint at night to stretch your Achilles tendon. If you are still experiencing pain your doctor may suggest resting the foot using a plaster cast. Only when all other treatments had failed would you normally be offered surgery.

What does surgery involve?

The operation is done through a cut approximately 5 cm long on the inner side of the heel. It releases the tension in the foot by cutting part of the plantar fasci from the heel and releasing some of the small nerves on the inner side of the heel. Sometimes a plaster cast is applied after surgery to allow the wound to heal.

This procedure will only be carried out with your consent, and you will be asked to sign a consent form.

What are the risks associated with this procedure?

This operation produces good results in most cases, however a small number of people who have this procedure may experience one or more of the problems listed:

- Some complications are associated with any surgery i.e. thrombosis (blood clot) and anaesthetic problems.
- Swelling – because your foot is at the bottom of your body fluid tends to collect in the tissues and cause swelling. This may be slow to disappear.
- Infection in the wound, plaster problems and minor damage to the nerves in the toe can occur in any foot surgery. Rarely infection of the bone may occur.
- Dividing the plantar fascia can lead to a flat foot. This condition is painful and can be difficult to treat.
- Tingling or numbness in the heel or foot caused by damage to the small nerves in the heel.

What are the benefits of having this procedure?

The majority of people who have this surgery experience an improvement in their condition. The ultimate aim of the surgery is to relieve pain.

What are the alternatives to surgery?

Non surgical treatment methods may already been tried and failed. Your doctor would not have suggested surgery unless they believed it was the best course of treatment.

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If you are concerned about having the procedure, or have any further queries, please speak to your consultant.

What can I expect after the operation?

If possible the findings of the operation will be discussed with you before you go home, but this is not always possible. The ward staff will tell you any important message from the surgeon, and the findings of the procedure will be discussed in clinic.

There will be some pain, but you will be given medication to control this. To help to prevent swelling after the operation you will need to keep your foot up. If the swelling of the foot or leg worsens when the foot is elevated above heart level you should speak to your doctor. It is very important that you notify your doctor if you get an increase in pain when you go home, especially if the pain is not controlled by elevating your leg and taking mild painkillers, as this may be the first signs of an infection.

What happens when I go home?

If necessary an outpatient appointment will be made for you to return to clinic. You will be given exercises to do after surgery, and these must be done to help to prevent stiffness. When you first go home you must spend most of your time resting, with your foot lifted above heart level for at least a fortnight after surgery.

When the foot is lowered you will initially experience swelling, and the foot will throb. As time passes the length of time you can keep your foot down without too much pain will increase, until two or three weeks after surgery when you should be able to keep your foot down most of the time.

When can I go back to work?

This will depend on the work you do and how you get to work. If you have a job that is not affected by having your foot in plaster, and you could get to work, then you could probably go back to work a week after surgery. If you have a manual job you may be off work for up to three months. Your surgeon will advise you about going back to work.

When can I drive?

Once your plaster has been removed you may be able to resume driving. You must be able to safely make and emergency stop or your car insurance will not cover you in the event of an accident. Ask your surgeon for advice on when it is safe for you to drive again.

Contact Us:

If you are going to have an operation you may be asked to attend the hospital for a pre-operative assessment. Please ask our staff any questions you may have about your treatment. Alternatively, you can phone the main hospital switchboard on 0121 424 2000 and ask to speak to your consultant's secretary.

Additional Sources of information:

The Society of Chiropractors
53 Welbeck Street

London W1M 7HE Telephone: 020 7-486 3381 <http://www.feetforlife.org>

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Our commitment to confidentiality

We keep personal and clinical information about you to ensure you receive appropriate care and treatment. Everyone working in the NHS has a legal duty to keep information about you confidential.

We will share information with other parts of the NHS to support your healthcare needs, and we will inform your GP of your progress unless you ask us not to. If we need to share information that identifies you with other organisations we will ask for your consent. You can help us by pointing out any information in your records which is wrong or needs updating.

Additional Sources of Information:

Go online and view NHS Choices website for more information about a wide range of health topics <http://www.nhs.uk/Pages/HomePage.aspx>

You may want to visit one of our Health Information Centres located in:

- Main Entrance at Birmingham Heartlands Hospital Tel: 0121 424 2280
 - Treatment Centre at Good Hope Hospital Tel: 0121 424 9946
 - Clinic Entrance Solihull Hospital Tel: 0121 424 5616
- or contact us by email: healthinfo.centre@heartofengland.nhs.uk.

Dear Patient

We welcome your views on what you thought of this patient information leaflet, also any suggestions on how you feel we can improve through our feedback link below:

- Patient Information Feedback email: patientinformationleafletfeedback@heartofengland.nhs.uk

If you wish to make any other comments this can be done through the links listed below:

- Patient Opinion: www.patientopinion.org.uk
- I want great care: www.iwantgreatcare.org (Here you can leave feedback about your doctor)

Be helpful and respectful: think about what people might want to know about our patient information and this hospital and how your experiences might benefit others. Remember your words must be polite and respectful, and you cannot name individuals on the sites.

If you have any questions you may want to ask about your condition or your treatment or if there is anything you do not understand and you wish to know more about please write them down and your doctor will be more than happy to try and answer them for you.

