

Partial Calcaneotomy

Closure:

Trial flap rotation

Trial positioning of the flaps shows the rotation and translation to close the defect.

Digital palpation over the very thin lateral skin shows where the lateral calcaneus was a previous problem, with potential internal pressure. Now that the lateral bone is removed, there is no bone prominence.

Deep hemovac drain

A deep hemovac drain is placed. It is cut between holes.

Periosteum and fascia closure

The closure must position and inset the flaps to minimize the dead space. The deep layer of periosteum and fascia is closed with absorbable suture placed in a figure 8 fashion. The closure should start centrally to ensure proper position of the flaps.

Absorbable suture, figure 8 pattern, closure starts centrally

Additional figure of 8-style absorbable 0-suture is used as necessary to close the deep layer proximally and distally.

Additional central deep suture is added to minimize the dead space that may fill with hematoma and slow the healing process.

Subq closure, 2-0 absorbable suture

The subq closure is performed with 2-0 absorbable suture.

3-0 nylon skin closure

The skin closure is performed with 3-0 nylon skin suture placed loosely in a figure 8 fashion to line up the skin edges.

Mobile, thick coverage

This shows the contour of the heel after rotation of the flaps. The tissue should have redundant or excess appearance and provide a mobile, thick coverage over the remaining calcaneus. The flaps have fully filled the defect. The posterior coverage is soft and well-padded.

Dorsiflexion adds tension, equinus relieves tension

Ankle motion shows that dorsiflexion adds tension to the closure and equinus relieves tension. Without any Achilles, there is no worry of equinus contracture. Splinting in equinus is preferred.

Splint in equinus

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