A patient's guide to Haglund's deformity surgery

What is Haglund's Deformity?

This is a degenerative condition, which causes a painful lump on the back of the heel at the point where the Achilles tendon attaches to the bone. The lump consists of a bony prominence, thickening and inflammation of the tendon and occasionally a fluid collection called "retro-calcaneal bursitis". Sometimes the condition can cause a bone spur to grow into the Achilles tendon, which also causes pain.

Will I need an operation?

The condition can settle down with non-operative management such as modifying activities, changing shoe style, using a slight heel raise in the shoe, and nonsteroidal anti-inflammatory medication. In the presence of retro-calcaneal bursitis a targeted steroid injection may also relieve symptoms.

When is surgery needed?

When the symptoms do not settle with non-operative treatment, surgery can be considered. A scan such as MRI might be needed for planning before any surgery.

What are the risks of surgery?

The success rate is relatively high, and complications are rare but should be considered. The risks include infection, bleeding, injury to nerve, clot in the leg (deep vein thrombosis) or lungs (pulmonary embolus), problems with wound healing, scar sensitivity and Achilles tendon rupture.

What happens during the surgery?

There are several different operations available for this condition and your surgeon will discuss the suitability of each. The surgery usually involves a combination of bony and soft tissue surgery and is typically performed through an incision on the heel, but in selected cases may be performed via keyhole surgery.

Often as part of the surgery the Achilles tendon is lifted off the bone and has to be reattached using anchors inserted directly into the bone at the end of the procedure. In rare cases another tendon is attached to the heel bone to reinforce the Achilles tendon if it is very degenerate and weakened.

What happens after surgery?

Typically, a cast is applied, which may be subsequently changed to a boot, with immobilisation and medications to reduce the risk of blood clots for at least 4 to 6 weeks. The wound is checked 10-14 days after the surgery. Physiotherapy is very important during the recovery phase, as swelling, stiffness and pain can continue for six months to one year after the surgery

BOFAS
British Orthopaedic Foot & Ankle Society