



ANDREWS

Sports Medicine & Orthopaedic Center

Partial Plantar Fascia Release with Topaz Microdebrider

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Andrews Sports Medicine & Orthopaedic Center

What is plantar fasciitis?

The plantar fascia is a ligament that starts in the heel and extends towards the forefoot. It serves to support the arch of the foot. In some cases, this ligament can develop a chronic strain that causes pain with walking, typically worse when you get out of bed in the morning. In addition, the chronic strain causes the plantar fascia to swell with inflammation and tighten at the heel.



What causes plantar fasciitis?

There are multiple causes of plantar fasciitis. The most common causes are: spending prolonged periods of time standing on your feet, having weakness in the muscles of the calf and foot, having tightness in the calf muscles or having Achilles contracture, and being overweight.

What are conservative treatments for plantar fasciitis?

Frequently, the patient is offered a course of physical therapy to strengthen the foot muscles and stretch the calf muscles. In addition, anti-inflammatory medications and/or a steroid injection may be offered to treat the pain and inflammation. Over the counter shoe inserts or custom orthotics may also be offered. A weight management program that incorporates regular exercises on a daily basis can also be beneficial.

Is there a “permanent fix” or a surgical option for plantar fasciitis?

Surgery through an open incision has prolonged recovery due to the wound healing, and in some cases outcomes are poor given that the surgery does not fully treat all of the inflammation in the plantar fascia. Now, there is a minimally invasive procedure that can offer full symptom relief in up to 90% of cases and does not require a surgical incision. It is called a partial plantar fascia release and fascia debridement using the Topaz microdebrider. This procedure consists of using a cauterizing needle to get rid of the inflammation and partially release the plantar fascia. There is no incision with a scalpel so the recovery is much quicker. Typically, the patient will start walking within three days and wear a boot for two weeks. A course of physical therapy is recommended after the procedure to ensure the plantar fascia heals appropriately.



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Pre-Procedure Instructions

1. Stop anti-inflammatory (NSAIDs) medications 3 days prior to procedure (e.g. ibuprofen, naproxen, etc.). In addition, do not take or use any steroid based medications (e.g. Medrol pack, cortisone injection, etc;) for at least 2 weeks prior to the procedure.
2. In some cases, you may need to stop blood thinners (e.g. Aspirin, Plavix, Coumadin, etc.) 7 days prior to procedure. You must discuss this with Dr Colberg, as well as your cardiologist or primary doctor and obtain approval. Other daily medications may be taken normally as directed.
3. Arrange for a friend or family member to provide transportation for you on the day of the procedure. Post-procedure pain and anesthesia will interfere with your ability to drive.
4. Notify Dr. Colberg's staff one week before procedure if you believe you will need medication for anxiety related to the procedure.

Post-Procedure Instructions

1. Specific post-procedure instructions will be reviewed and provided at the surgery center. Make sure you do not leave without the instructions. Also, if you were given a boot and crutches in the clinic prior to the procedure, make sure you bring them to the surgery center.
2. Blood thinners (e.g. Aspirin, Plavix, Coumadin, etc.) may be resumed 24 hours after the procedure.
3. Avoid anti-inflammatory medications for 2 weeks (e.g. ibuprofen, naproxen, etc.).
4. Increased irritation in the affected area may occur. This is part of the healing process. Ice the affected area three to four times per day for 15 minutes for the next three days. You may take Extra Strength Acetaminophen as needed for pain or the prescribed pain medication.
5. If you develop fever, persistent redness and swelling at the site of injection, call Dr. Colberg's office at (205) 939-3699. These may be a sign of infection.