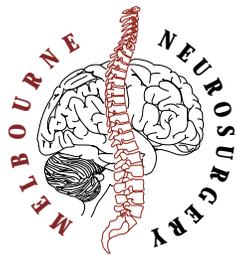


DISEASE INFORMATION

COMMON PERONEAL NERVE COMPRESSION AT THE KNEE



WHAT IS A COMMON PERONEAL NERVE SYNDROME ?

This is where the nerve that runs around the outside of the leg just below the knee is compressed or not functioning correctly.

This nerve is called the Common Peroneal or Lateral Popliteal nerve.

The nerve is part of the sciatic nerve. The sciatic nerve runs down the back of the leg and divides into two branches. The branch that goes to the outside of the leg is the Common Peroneal nerve. This nerve winds around the top of a bone called the fibula. It then travels under some fascia to enter the muscle on the front of the leg. It enters a muscle called the peroneus longus. It then travels on to supply impulses to drive the muscles of the front of the leg (these lift the foot and also lift up the great toe) it goes on to bring the sensation from some of the toes back up to the brain.

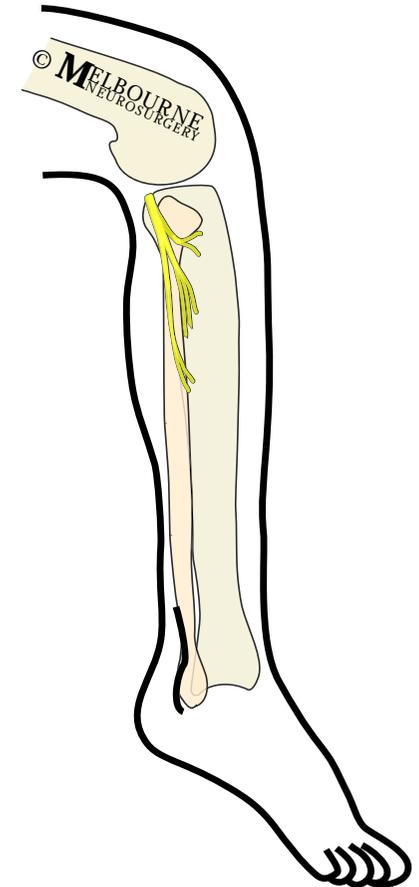
The nerve is travelling from the lower back to the toes.

It has two major functions in the leg and foot.

1. It supplies the sensation to area between the great toe and the one next to it
2. Impulses to drive some of the muscles in the front of the leg and foot.

WHAT CAUSES THE PROBLEM ?

1. Thickening of the ligament over the nerve.
2. Thickening of the muscle the nerve runs into after leaving the back of the thigh.
3. Hormone disorders such as acromegally or diabetes
4. Repetitive or severe trauma to the nerve.
5. Often there is no specific cause.



WHAT DO YOU NOTICE IS WRONG ?

1. There may be sudden or gradual onset of symptoms.
2. The first thing is usually the development of weakness in the foot, it tends to catch on the ground.
3. The weakness gets worse and then some numbness occurs.

HOW DO YOU DIAGNOSE COMMON PERONEAL NERVE SYNDROME ?

Your local doctor will usually make the diagnosis based on your symptoms.

He may send you for special electrical tests on the nerves in your leg called Nerve Conduction Studies and /or an EMG. In the N.C.S. if the nerve is affected then it takes longer for the impulses to cross the knee and they are dampened as they cross. In the EMG the muscles show changes that can be picked up by the testing of the electrical activity in the muscle. These tests will confirm the diagnosis.

If he does not send you for the test he will send you to a neurologist or a Neurosurgeon for an opinion. The Neurosurgeon sends you to a Neurologists to perform the test.

The other causes of similar symptoms may be:

1. Compression of the 5th lumbar nerve in the back.
2. Pressure on the nerves in the pelvis or the sciatic nerve in the back of the leg.

HOW DO WE TREAT THIS ?

In most cases if you stop doing the things that aggravate the palsy the foot may get better on its own.

The common things causing the foot to get worse are repetitive trauma(banging or resting on the nerve).

Anti inflammatory medication can help in the short term.

Physiotherapy or leg exercises can be useful.

If your symptoms are mild we do not always do any tests and wait to see if they improve spontaneously. If they do not improve The next procedure is to confirm the compression with electrical tests.

The strength often gets better before the numbness.

Typically the foot will recover on its own. This may require an alteration in the type of work that you do.

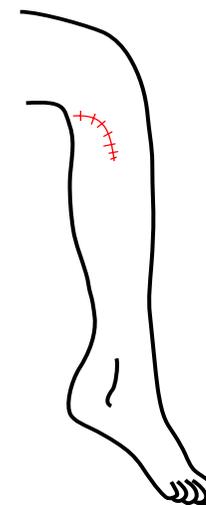
WHAT ARE THE REASONS FOR HAVING AN OPERATION ?

The commonest reason is that the symptoms in your foot have been getting worse or have failed to improve.

Usually non-operative therapy has failed.

WHAT OPERATION IS PERFORMED ?

The commonest operation is called a Common Peroneal Nerve Decompression. It can either be performed under a local or general anaesthetic. You may be admitted as a day patient and go home after the operation or be admitted the day before.



MELBOURNE
NEUROSURGERY
neurosurgery.com.au

545 ROYAL PARADE
PARKVILLE VIC 3052

PHONE 03 9816 - 9844
FACSIMILE 03 9816 - 9877

MELBOURNE NEUROSURGERY
PTY LTD
ACN 082 289 316

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