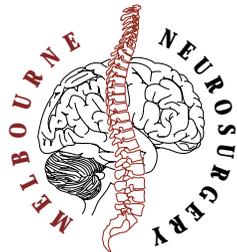


PROCEDURE INFORMATION

COMMON PERONEAL NERVE DECOMPRESSION



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 (see Disease Leaflet).

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.

HOW DO YOU DIAGNOSE COMMON PERONEAL NERVE SYNDROME ?

Your local doctor will usually make the diagnosis based on your symptoms. He will confirm the diagnosis with Nerve Conduction Studies and /or an EMG.

WHAT YOU NEED TO TELL THE DOCTOR BEFORE SURGERY ?

If you have bleeding disorder
Any Health problems.
If you are taking blood thinning agents.
e.g. Warfarin/aspirin/anti-inflammatory
Drug or other allergies

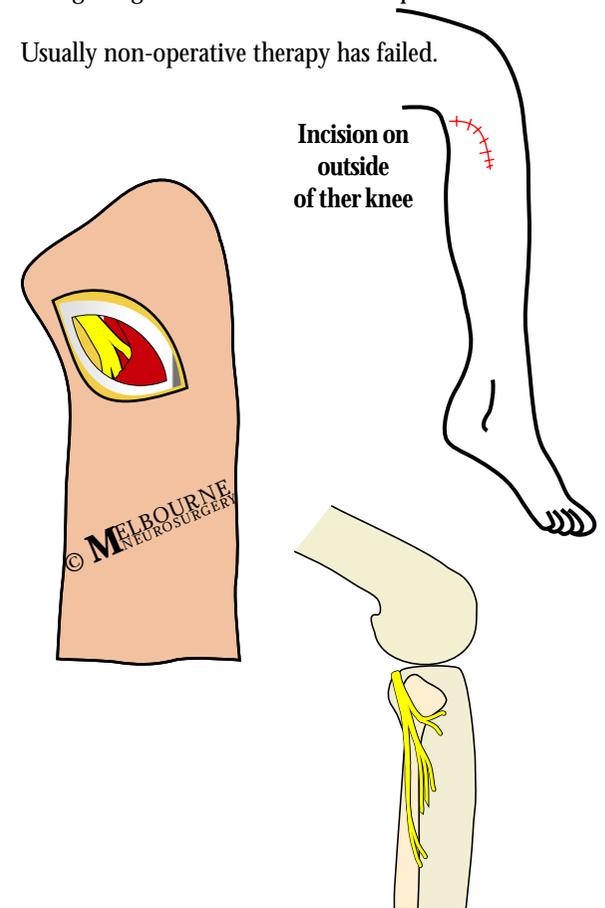
WHAT DO YOU NOTICE IS WRONG ?

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.

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. Regardless of the type of anaesthetic, you will not be able to eat or drink from midnight before the operation.

WHAT HAPPENS AT OPERATION ?

Before we start we will confirm the leg to be operated on and draw the incision on the skin near the knee

If the operation is under local then this will be injected into the wound at this time (a sedative is given by the anaesthetist to help the operation pass).

If under general anaesthetic you will go off to sleep after the marking of the incision.

The incision is then washed with antiseptic solution and the leg is covered with drapes to leave only the area of the incision exposed.

The surgeon cuts through the skin and fat down to the first layer. He will then cut through the fascia over the muscle and the nerve with a sharp blade. We identify the nerve as it runs beneath the head of the fibula (bone on the outside of the knee). The nerve is decompressed where it enters the muscle in the lower leg. The decompression will be well beyond the incision on your leg. It extends above and below the knee.

The surgeon then makes sure all the bleeding has stopped and sews the skin and the layer underneath back together.

The wound is covered with a dressing and a crepe bandage. A wad of cotton wool and a further crepe are used to cover the first dressing.

You will then go to recovery.

WHAT HAPPENS NEXT ?

You will wake up in recovery and after about 1 hour you will be transferred to the ward. The nursing staff will be continually checking your pulse/blood pressure/limb strengths and sensation looking for any changes to indicate a complication. You will probably only need oral analgesia. Most people will be able to go home the same day.

It is important that some-one drives you home afterwards

The sutures are usually removed about 7 - 12 days after the surgery if they are not dissolvable.

WHAT YOU SHOULD NOTIFY YOUR DOCTOR OF AFTER SURGERY

1. Increasing Pain in the wound/knee.
2. Fever
3. Swelling or infection in the wound.
4. Increasing or new onset weakness or numbness in the leg

WHAT HAPPENS WHEN YOU GO HOME ?

1. The covering bandage can be removed the next day. The other dressing should be changed second daily from the second day or if it gets wet.
2. You will have an early follow-up appointment to have your wound reviewed.
3. You are encouraged to use it as much as possible.
4. You must not run or stress the leg told you can do so by your surgeon
5. It is important to keep the wound dry.
6. Your doctor will discuss driving and return to work with you.

WHAT ARE THE RISKS?

Discuss these and others with your surgeon

THE COMMON RISKS ARE

Infection (treated with antibiotics)
Post operative blood clot requiring drainage.
Nerve damage
Wound pain.
Scar in wound area.
Failure of symptoms to improve.

WILL YOUR SYMPTOMS GET BETTER ?

YES In the great majority of cases
If the nerve is badly damaged then recovery may be slow or not at all

YOU WILL BE ASKED TO SIGN A CONSENT FORM TO SAY THAT YOU UNDERSTAND THE RISKS .
IF YOU ARE NOT SURE ASK BEFORE YOU SIGN.

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