

# LINGERING PAIN AFTER FOOT & ANKLE SURGERY?

*We can help get you back  
to a life without pain.*



While doctors always work hard to provide the best possible outcomes for their patients, sometimes pain and discomfort can linger for months after a procedure, whether conservative or surgical in nature. It's natural to ask yourself, "My surgery was supposed to take away my pain, right? So why am I still struggling with this months later?"

Many people, especially after surgery, may describe a "zinging," "numbness" or pain in their feet. We've also heard the sensation described as a sharp or electric shooting, or one that often feels somewhat distant or muted. In the worst cases, the patient may have even lost some motor function—for example, they might not be able to raise their foot at the ankle any longer.

When this happens, there's good reason to suspect that the real problem is a damaged, compressed, or pinched nerve in your lower limbs that may have been missed—or even accidentally injured, compressed or struck—by your original surgeon.



# Why You Might Still Have Pain

We'll start with a quick caveat. A certain amount of lingering, residual discomfort and swelling during a conservative treatment course or after a foot or ankle surgery is a normal part of the healing process, so if it's only been a week or two, give it some time! Depending on the severity of the initial pain, the extensiveness of the surgery or treatment, and how well you follow up with your post-operative instructions and your home care, it may take a few months to finally rid yourself of post-operative soreness and swelling.

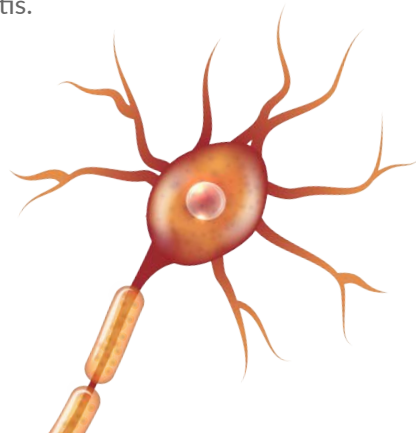
However, with pain that feels more like a numbness, tingle or electric zinging or shooting—especially if it continues to linger—a damaged nerve is a more likely culprit.

But why does nerve pain persist after treatment, or even emerge afresh after an initial surgery? There are two major reasons:

## 01

### Misdiagnosis Of The Original Condition

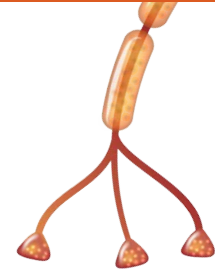
When it comes to foot and ankle or heel pain, a wide range of very different underlying conditions can produce extremely similar, even overlapping symptoms. Unfortunately, because relatively few doctors specialize in nerve conditions, they are more likely to be overlooked during the original diagnosis phase. For example, that zinging or shooting pain that you feel might in your foot or heel may be blamed on something more mainstream, like plantar fasciitis.



## 02

### Surgical Errors

Although mistakes are usually quite rare, doctors are humans, too, and that means surgical errors can sometimes occur. For example, perhaps while fixing an unrelated problem such as a bunion or hammertoes, your surgeon may have accidentally compressed a nerve with an instrument, struck a nerve with a power instrument, or subtly trapped it into a pinched or compressed position while closing the skin with sutures. The first problem may well have been fixed, but now you may be left with an entirely new concern and painful symptoms. This is due to slow rates of circulation to the toes, which limits the speed and effectiveness of oral treatments.



# How to Tell If the Problem Is Really Nerve Pain

Whenever your doctor hears the words “sharp shooting electric,” “numbness,” “zinging,” “prickling,” “distant,” or similar terms, especially in the aftermath of a previous surgery or when other treatments haven’t worked, it should send a signal to order a nerve test—or a signal to you, as a patient, to seek out a lower extremity nerve specialist for consultation.

A trained foot and ankle nerve surgeon should have access to several useful diagnostic tools, all of which are available and used frequently by the team at Austin Foot and Ankle Specialists:



- A specific lower extremity peripheral neurologic examination assessment to include a thorough history and physical, examination and diagnostic instrumentation including vibratory perception threshold meter, two point discrimination, neurologic hammer, and a wartenberg wheel. These tools allow the specialist to interpret subtle differences between limbs and discover the underlying peripheral nerve condition and location.
- Nerve conduction studies, electromyography (EMG), and/or nerve conduction velocities (NCV) tests. These tools allow a specialist to monitor how well your nerves are transmitting and receiving electrical signals and discover the likely location of nerve compression.
- Imaging tests, particularly magnetic resonance imaging (MRI). This provides a clear picture of both the nerve and the surrounding structures so they can be studied and reviewed.
- Nerve biopsies. The surgeon can remove a small section of nerve tissue and examine it directly for any abnormalities or irregularities.

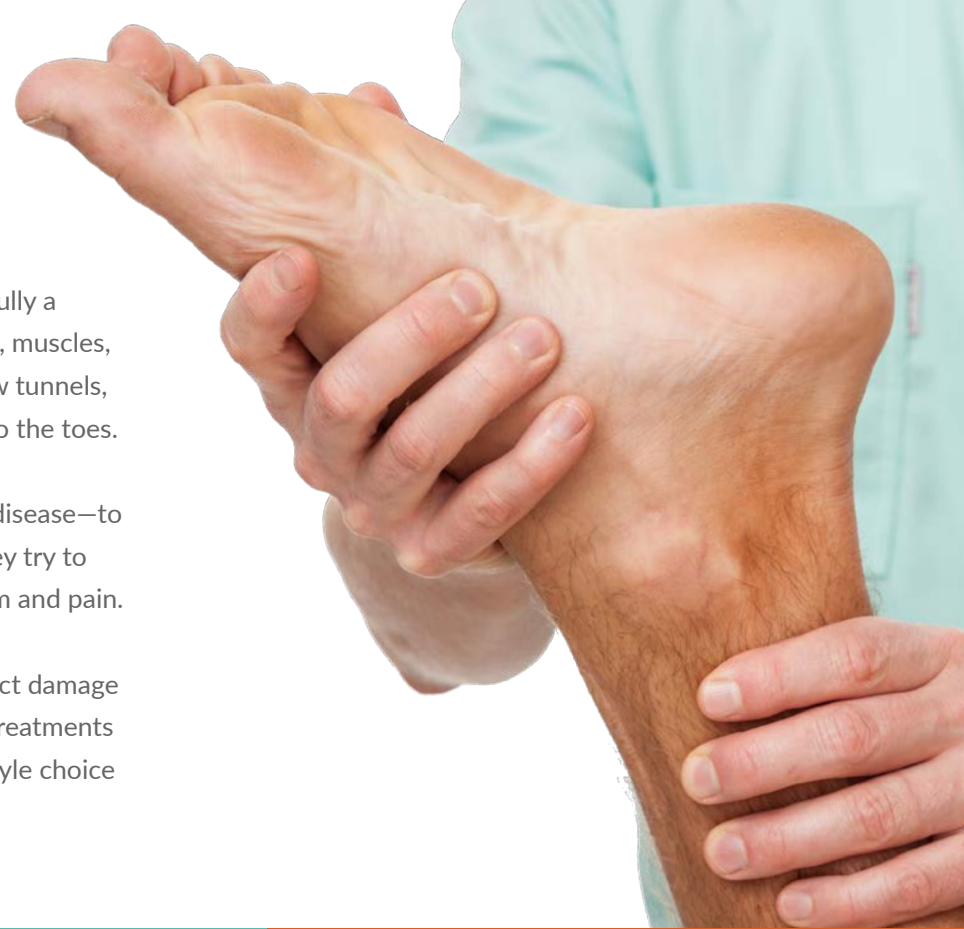
We can’t emphasize it enough: the correct diagnosis is critical. If your doctor identifies the wrong problem, continuing with treatments is only going to waste time and money and increase your frustration. Fortunately, through these tests our trained nerve specialist, Dr. Craig Thomajan, DPM, FACFAS, FAENS will be able to positively identify any nerve-related pain conditions in your feet and prescribe an appropriate treatment course.

# Common Painful Nerve Conditions

Though they may not look that way on the surface, feet are highly complex—they contain fully a quarter of all the bones in your entire body, along with dozens of joints, tendons, ligaments, muscles, and other structures. As a result, nerves have to navigate a maze of tight spaces and narrow tunnels, winding around muscles and even through and around joints in order to reach all the way to the toes.

It doesn't take much—repetitive stresses, injuries, surgical mistakes, and even poor diet or disease—to block off routes through this maze. Tunnels narrow and collapse, pinching the nerves as they try to thread their way through. This pinching, or compression, is often the source of the symptom and pain.

A more general term for any kind of localized inflammation of nerve tissues is neuritis. Direct damage to a specific nerve may be caused by injury or surgical error, arise as a side effect of other treatments (such as chemotherapy or radiation), or emerge as the result of a medical condition or lifestyle choice (such as autoimmune disease, cancer, diabetes, or alcohol abuse).



## 01

### Tarsal Tunnel Syndrome

The **tarsal tunnel** crosses behind the ankle along the inside the foot, through the medial malleolus (which you might know better as the “bump” on the inside of your ankle). Pressure here can affect the heels, arches, balls of your feet, toes—essentially, anywhere along your entire foot.

## 02

### Common Fibular Nerve Compression

The common fibular nerve is quite thick (about the width of a pen) and runs through a tunnel between the fibula (sometimes known as the “calf bone”) and surrounding muscles. The common fibular nerve is especially vulnerable to ankle and knee injuries, and compression can cause loss of motor control—particularly **drop foot**, which prevents raising of the foot.

## 03

### Deep Fibular Nerve Compression

The deep fibular nerve is responsible for bending the foot upward at the ankle. The most common point of **compression** is located at the peak of the arch, known as the metatarsal cuneiform joint, and pain is most likely to occur at the top of the foot traveling to the largest toe and the second toe.

# Treatment Options for Lingering Foot and Ankle Nerve Pain

Because the symptoms and causes of each case of nerve pain are unique, the best treatment method will be selected by your foot and ankle nerve specialist based on the specific facts of your case.



## 01

### Conservative Care Options

In the best-case scenario, tight nerve tunnels and pinched nerves can be relieved through non-invasive care, such as rest, icing, or anti-inflammatory medications. If the compression in the nerve is related to a problem with your foot structure, orthotics may be an effective treatment method. Often times we may have the ability to treat and particular nerve condition with Electronic Signal Treatment (EST) Technology. The EST technology produces and delivers electronic, biologically effective signals that can be used to heal the nerves that carry the pain signals and the muscles and other tissues, which are often the source of the pain signals.

Unfortunately, for surgical errors or for nerve pain that has been misdiagnosed by an earlier physician, conservative options are less likely to be effective, especially if you've already been using them to treat what was originally thought.



## 02 Nerve Decompression Surgery

Over the last several decades, organizations such as the [Association for Extremity Nerve Surgeons](#) (AENS) have pioneered new surgical approaches and techniques for relieving pressure on nerves in the lower limbs, training a new generation of surgeons to recognize common nerve conditions and correct them.

The AENS maintains a list of fellows on its website who have the necessary training and experience to perform nerve decompression surgery safely and effectively. Since nerve decompression can be difficult and risky for an inexperienced surgeon, this list is a very valuable resource when choosing a surgeon. Those in and around Austin, TX can visit AENS fellow and lower limb microsurgical reconstructive surgeon, Dr. Craig Thomajan, DPM, FACFAS, FAENS of Austin Foot and Ankle Specialists.



## 03 Repairing Surgical Mistakes

If a previous surgeon accidentally harmed a nerve while working on a different problem, there may still be a chance that the damage can be reversed and repaired. While a full return to previous levels of function are unfortunately not always possible, a skilled surgeon is often able to at least improve your condition and allow some degree of regrowth and restoration of the nerve fibers.

However, it's critical that you seek out a nerve specialist. These doctors are specially trained to recognize the signs of nerve damage and perform the delicate, difficult microsurgical procedures that are required. The last thing you want is to spend time and money moving from doctor to doctor and surgery to surgery with no relief.

# Don't Wait Any Longer to Get Help

Are you suffering from distant, zinging, or shooting pain in your feet or lower legs? Have previous surgeries only made the problem worse, and doctor after doctor has told you they don't know what's wrong, that your X-rays are normal or that nothing can be done?

If so, we urge you to set an appointment with Dr. Craig Thomajan, DPM, FACFAS, FAENS and the team at Austin Foot and Ankle Specialists. A fellow of the Association of Extremity Nerve Surgeons, he has extensive microsurgical experience and training in foot and ankle surgery and specializes in helping ordinary people defeat zinging pain and fixing surgical errors. You can reach us at any time by calling (512) 328-8900.

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