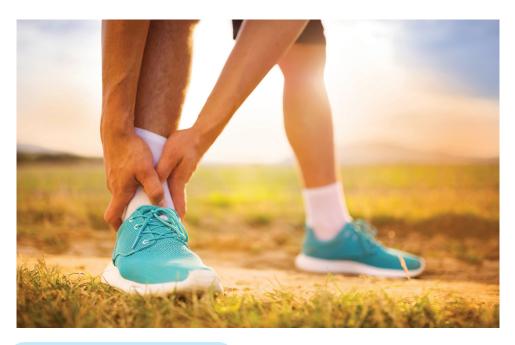






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WHAT DO WE KNOW ABOUT FOOT AND ANKLE PROBLEMS AND FOOT AND ANKLE SURGERIES?

ARE THERE NEW TECHNIQUES IN FOOT AND ANKLE SURGERY?

Yes, foot and ankle surgery are very dynamic and quickly evolving subspecialty in Orthopedic Surgery. Lots of mistakes and ideas now have been removed from our practice. Hardly we use plasters following surgeries in most of the forefoot surgeries, as they have good new generation of titanium headless screws and very rigid low-profile locking plates with very good metal alloy. We do most of our surgeries as day cases where patient can come in the morning and go home in the afternoon. We can offer foot and ankle surgery with foot block which means guick surgery, 6 hours of analgesia after surgery, and early discharge to go home.

WHAT IS THE MINIMUM INVASIVE SURGERY (MIS) APPLIED IN FOOT AND ANKLE?



In our hospital, we offer a unique approach to the foot and ankle deformity especially on forefoot deformities where with special sophisticated surgical instrumentation and under control of image intensifier, with incisions of about 2 mm, we access most of the toes and the metatarsals and we do suitable bone cuts and suitable tissue release and tendon release to achieve correction of the toes and midfoot deformities, and some

hindfoot problems through small incisions which mean less risk of infection, less complications of surgery like clotting, and quicker recovery with satisfactory long term deformity correction.

CAN YOU USE BOTOX IN FOOT AND ANKLE SUBSPECIALTY?

Yes, this is a new way to approach the functional and structural problems caused by muscular imbalances, and the most common is the plantar fasciitis where the heel bone is very uncomfortable, and most of us will suffer that in some stage in lives. In those extreme cases and chronic cases, Botox can be the solution. Other areas where we can apply Botox injection in the muscle of the calves is in certain cases of central transfer metatarsalgia and in also in certain Achilles insertional tendinopathies and Achilles tendinosis which is the tendon of the heel bone.

HOW DO YOU MANAGE FOOT AND ANKLE FRACTURES IN YOUR HOSPITAL?

We have state of the art most advanced criteria and techniques in dealing with calcaneal fracture, talus fracture and in managing conservatively and surgically the midfoot fractures and the metatarsal fractures. We deal also with all sorts of instabilities of the syndesmosis, deltoid ligament, and lateral collateral complex of the ankle.

DO YOU USE KEYHOLE SURGERY IN ANKLE PROBLEMS?

Yes, we do. We can sort most of the traumatic problems in the ankle. We can remove loose bodies and we can debride osteophytes which are blocking the mobility of the ankle anteriorly and also, we can perform microfracturing and disease affecting the blood supply of the bones in the ankle like osteochondral

lesions, giving the patient very quick recovery after surgery between one week to three weeks maximum and allowing return to her sports activities also in very short periods.

We fuse ankles where the damage is irreversible, with keyhole ankle fusion with no scars which is very good news for those patients who suffered multiple surgeries affecting ankle fractures and tibial fractures, and for those diabetic patients.

IF THE ANKLE JOINT IS DAMAGED, IS THERE ANY SOLUTION APART FROM FUSION?

Yes. In our hospital, we can offer you a Total Ankle Replacement where we replace the damaged surfaces of the ankle with state of the art tibia, and mobile bearing ankle replacements which has proven to give more than 90 percent survival of 10 years follow up, and we have experience in primary and revision surgery in relation to the ankle replacement.





PLEASE SCAN FOR THE LOCATION



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DEPARTMENTS

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