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 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 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 acromegaly 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.

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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 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 sees 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 WHEN you Go HOME?**

1. The covering bandage can be removed the next day. The other dressing would 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?**

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

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**DISCLAIMER**

This brochure is to provide general information and does not replace a consultation with your doctor.

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