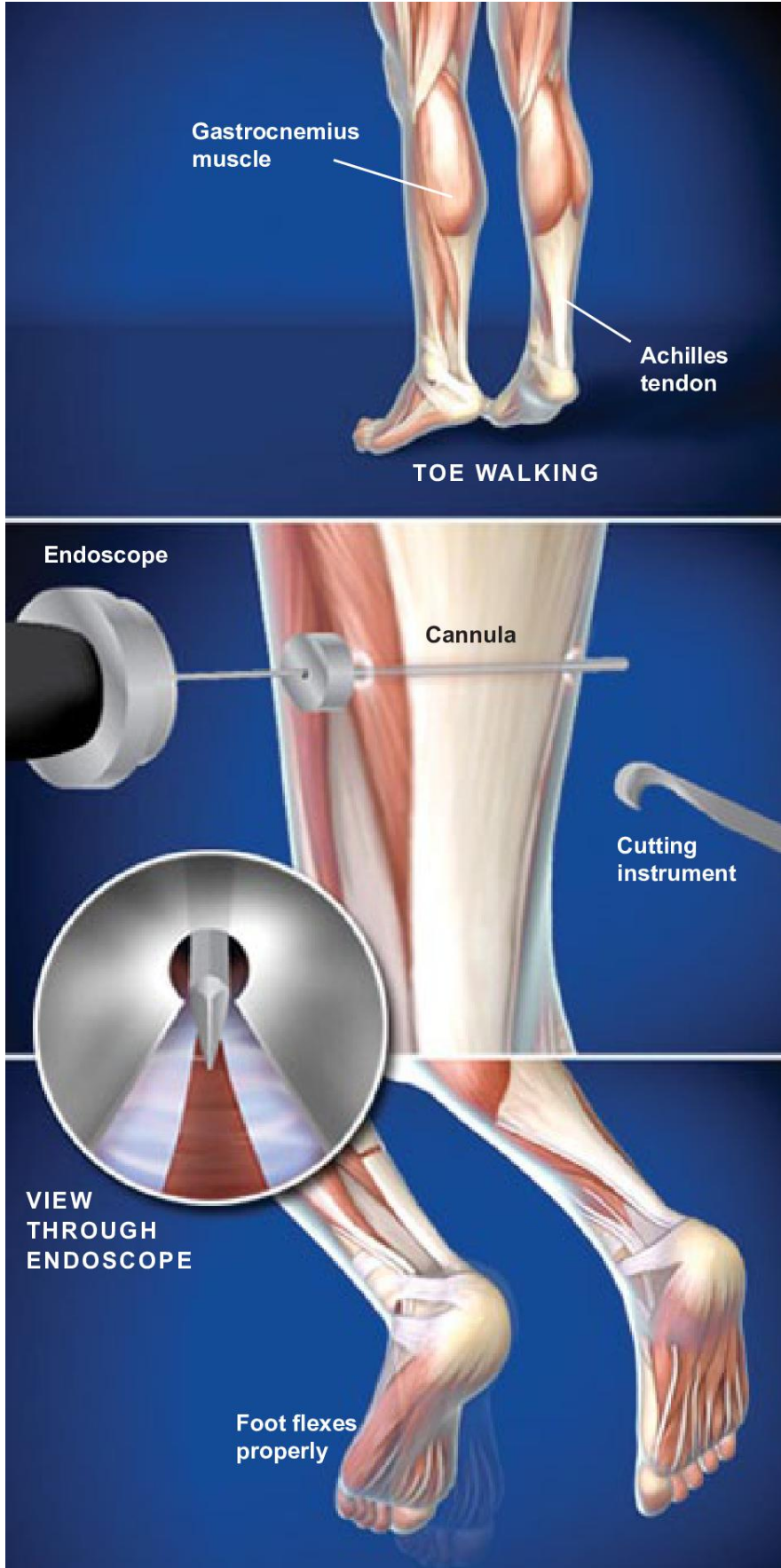




## Gastrocnemius Recession (Endoscopic Approach)



### Overview

This outpatient procedure is used in the correction of conditions such as flatfoot, chronic Achilles tendonitis, or equinus (commonly called toe walking). Gastrocnemius recession lengthens the muscles and tendons at the back of the leg, allowing the heel to shift downward into a more natural position. In many cases, this technique is performed as an alternative to Percutaneous Tendo-Achilles Lengthening, which can permanently weaken the Achilles tendon.

### Preparation

In preparation for the procedure, anesthesia is administered and the patient is positioned. The surgeon makes a small incision in the skin at the back of the leg below the bulge of the calf muscle. The surgeon carefully guides a thin tube called a cannula through the back of the leg to create a working channel for the instruments.

### Working Channel

The cannula is not a solid tube - a slot on the bottom of the cannula allows the surgeon to access the tissue of the gastrocnemius muscle. The surgeon inserts an endoscope into one side of the cannula to get a clear view of this tissue.

### Releasing the Gastrocnemius

The surgeon uses a small cutting instrument to correct the gastrocnemius. The surgeon inserts this instrument into the open end of the cannula and carefully reaches through the slot in this tube. The surgeon carefully draws the cutting instrument along the outermost layer of the gastrocnemius, cutting through the fascia (a tight layer of connective tissue that encases the muscle fibers).

### Testing the Foot

Cutting the fascia allows the muscle to relax and lengthen, which will allow the foot to flex properly and the heel to drop down to the floor.

### End of Procedure and Aftercare

When the procedure is complete, the incisions are closed and bandaged. The patient may be placed in a postoperative shoe, walking boot or splint depending on the patient's need and whether any additional procedures were performed during the surgery. The leg will heal within six to eight weeks. Physical therapy may be needed to rebuild calf strength.