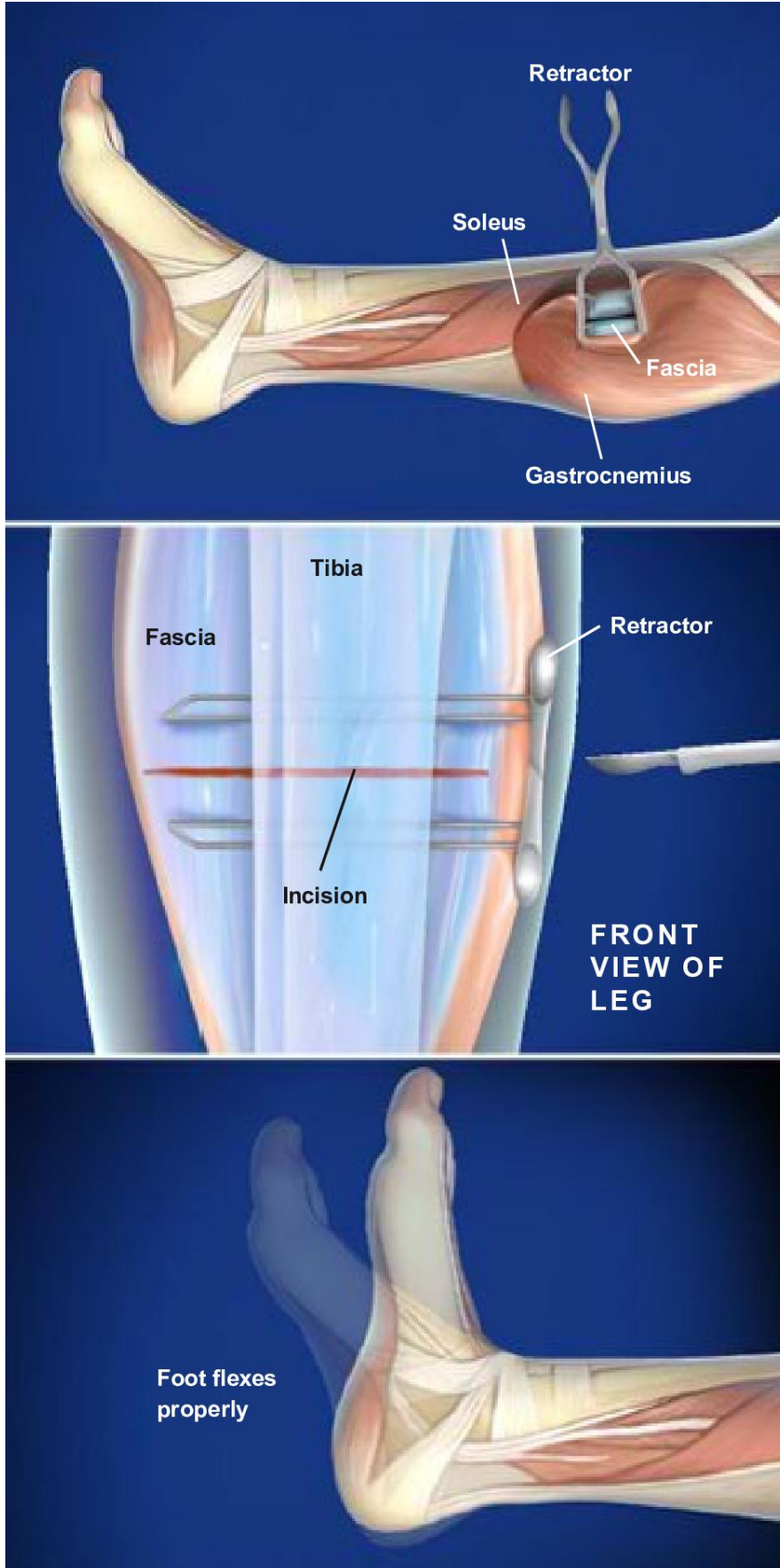




## Gastrocnemius Recession (Intramuscular Approach)



### 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 on the inner side of the leg over the calf muscle. The surgeon carefully inserts a retractor between the gastrocnemius muscle, which lies closest to the skin, and the soleus muscle, which lies closer to the tibia. The retractor creates a working channel between these muscles.

### Releasing the Gastrocnemius

The working channel allows the surgeon to access the fascia of the gastrocnemius, a tight layer of connective tissue that encases the muscle fibers. The surgeon carefully cuts through the fascia across the entire width of the muscle. 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.

### Additional Release

In some cases, the surgeon may also choose to release the fascia of the soleus muscle.

### End of Procedure and Aftercare

When the procedure is complete, the instruments are removed and the incision is 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.