

**DR JEFF LING** MBBS BSc (Med) FRACS (Orth)  
Adult and Paediatric Orthopaedic Surgeon  
Specialising in the Foot and Ankle

## **Tumour Resection**

### **INTRODUCTION**

The vast majority of tumours in the foot and ankle are benign. This means they are non-cancerous and cannot spread around the body.

Nonetheless, some tumours around the foot and ankle need to be surgically removed as they are uncomfortable, and/or unsightly. Whenever a tumour is removed, it will be sent for histopathology which will allow accurate diagnosis and eliminate any uncertainty as to the type of tumour. In the vast majority of tumour resections around the foot and ankle, it is possible to remove the entire tumour, and no further treatment is required.

Many such tumours are what are known as “ganglion cysts”.

A ganglion cyst is a fluid-filled sac that arises off any joint or tendon sheath. These cysts present as round or oval-shaped lumps beneath the skin and may cause discomfort or pain, particularly when pressing on nearby nerves. Surgical excision of ganglion cysts is the most effective treatment method aimed at relieving symptoms of pain and discomfort with a low rate of recurrence.

### **THE PROCEDURE**

Surgery to remove a foot and ankle tumour includes:

1. General Anaesthetic or Regional Block with Sedation
2. Local Anaesthetic block for post-operative pain relief
3. Removal of tumour
4. Sending of tumour to histopathology
5. Wound closure with sutures

### **RISKS & COMPLICATIONS**

Every surgical procedure carries some risk.

These risks are largely uncommon and many are rare.

They include:



**DR JEFF LING** MBBS BSc (Med) FRACS (Orth)  
Adult and Paediatric Orthopaedic Surgeon  
Specialising in the Foot and Ankle

Wound infection

Sensory nerve injury

Anaesthetic complications

Drug allergy

Ongoing pain

Recurrence of the tumour (recurrence rate depends on entity but is generally low)

#### **POST OPERATIVE PROTOCOL**

This is a day surgery procedure, and you will go home weight-bearing in a post-operative shoe on the day of surgery. Dressings are kept dry and intact until the first post-operative appointment. Keep foot elevated as much as possible, especially for initial 72 hours. At the 2 week post-op appointment, the wound is checked and sutures removed. Simple pain relief including anti-inflammatories and paracetamol is all that is generally required. The post-operative shoe is discontinued after two weeks. Normal daily routine resumes in week 3, low impact exercise in week 4, and high impact exercise from week 6.

#### **PROBLEMS AND CONCERNS**

If you have any queries or concerns, contact Dr. Ling's rooms on 9650 4782 between business hours. After hours or on weekends, if your matter is urgent, please present to the Emergency Department at Prince of Wales Hospital if you are an adult, or Sydney Children's Hospital if the patient is your child, and you will be seen by the Orthopaedic Registrar on call, who will contact Dr Ling directly