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Simple In-Room Procedures: Tenotomies, Excisions and More

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M.Pod.Med(UWS), MSc (Podiatry) (QMU)

- Podiatric Surgeon/Surgical Podiatrist based in Sydney
- Completed my surgical fellowship in 2024 with the Australasian College of Podiatric Surgeons (ACPS): included international rotations at Emory Hospital (Atlanta) and Southmead Hospital (Bristol, UK).
- In room procedures, foot and ankle surgery - HAV, neuroma, hammer toes, joint fusions, flatfeet, rearfoot, revision surgery, keyhole surgery
- Teaching for over a decade as an adjunct lecturer and clinical supervisor at Western Sydney University and other NSW universities: minor surgery, local anaesthesia, podiatric surgery unit and pharmacology.
- Research Publications



Presentation overview

Better understanding of what “*in room procedures*” podiatric surgeons perform in Australia

Understanding which patients and what deformities are better suited

Overview of the pre/post treatment outcomes and expectations

Clinical room procedures

- Procedures which are performed in your clinic under LA
 - ***Cost effective & quick recovery***
 - ***Convenient – on the spot
don't need to book a hospital,
reduced paperwork, waiting, time of***
 - ***Typically little trauma***
 - ***Patient selection***
- One of the highest billed MBS procedure item is Winograd/wedge resection
- Skin procedures, biopsies, lesion excision



Clinical Room Procedures

- Still come with their own risks
 - Informed consent
 - Risks, benefit & complications all discussed
 - Pre operative work up – vascular, neurological, ABI, medical hx
- Other considerations:
 - Designated procedural room
 - Sterile field
 - Good LA (*technique*)
 - Sutures, instruments for bone procedures, drapes
 - ESM (pain, adrenaline, AB)



Wedge Resection

- Winograd/wedge resection is a nail matrix excision via removing a longitudinal wedge involving both skin & nail
 - Severe hypergranulation tissue
 - Failed PNA
 - Genetics: onychocryptosis/involuted/pincer
- What, how, why?
 - 60 -90 minutes under LA
 - **AB pre/post**
 - Sutures kept in 10 days
 - **Post op pain:** paracetamol and/or codeine based analgesic
 - ***Typically heals quicker then a PNA – primary healing***
- Complications
 - Infection & wound dehiscence
 - Scar formation
 - Recurrence

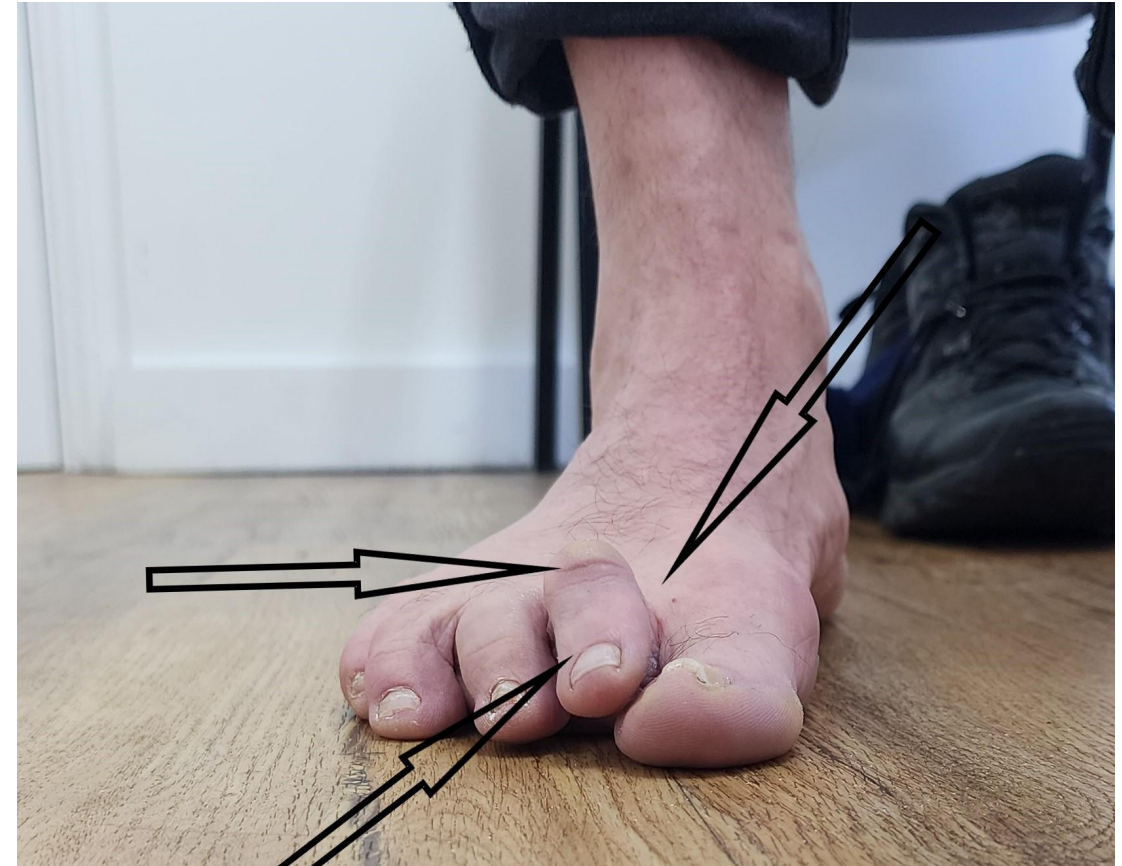




Percutaneous Flexor Tenotomy– digital deformities

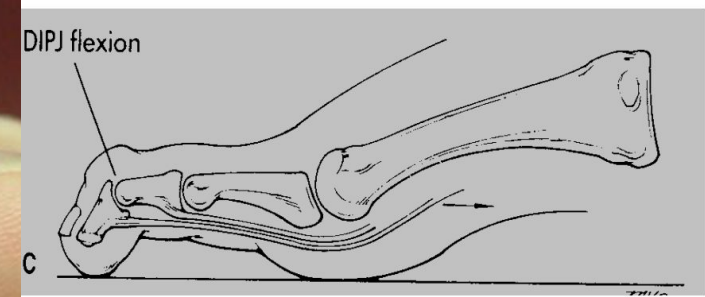
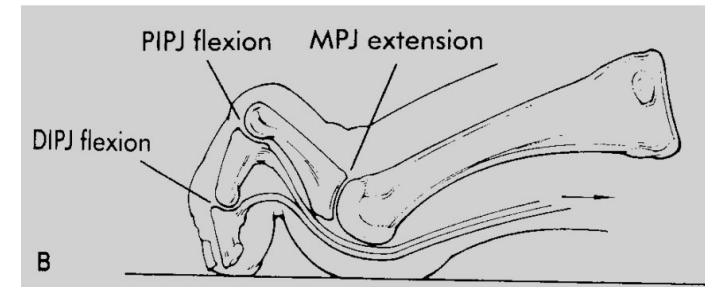
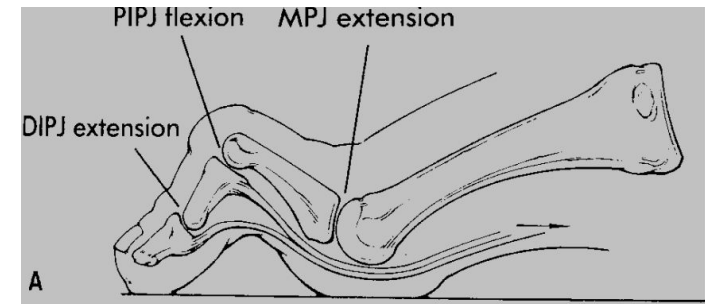
Understanding how to assess digital deformities

- Assess the level of deformity
- Assess the plane of deformity
 - **Sagittal: Claw, hammer, mallet**
 - **Frontal/Transverse: adducto-varus**
- Assess the structure/function
 - **Flexible (reducible)**
 - Soft tissue
 - **Fixed (non reducible)**
 - Soft tissue/osseous



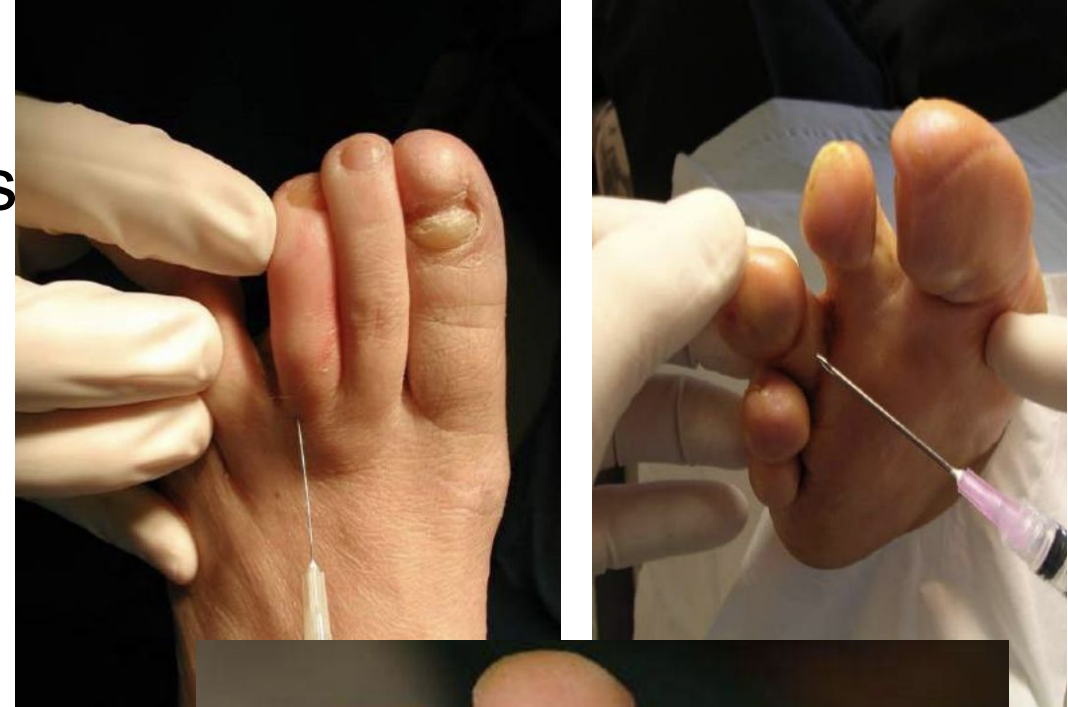
Tenotomies – indication for surgery

- Painful corns
 - **Heloma Durum, Heloma mole**
- DFU/wound formation
 - Research – ***‘apical/tiptoe ulcer’***
- Ideally:
 - **Flexor dominant**
 - **Extensor deformities**
 - **Manually reducible deformity**
- Additions:
 - Capsulotomy
 - Joint manipulation under LA



Tenotomies – indication for surgery

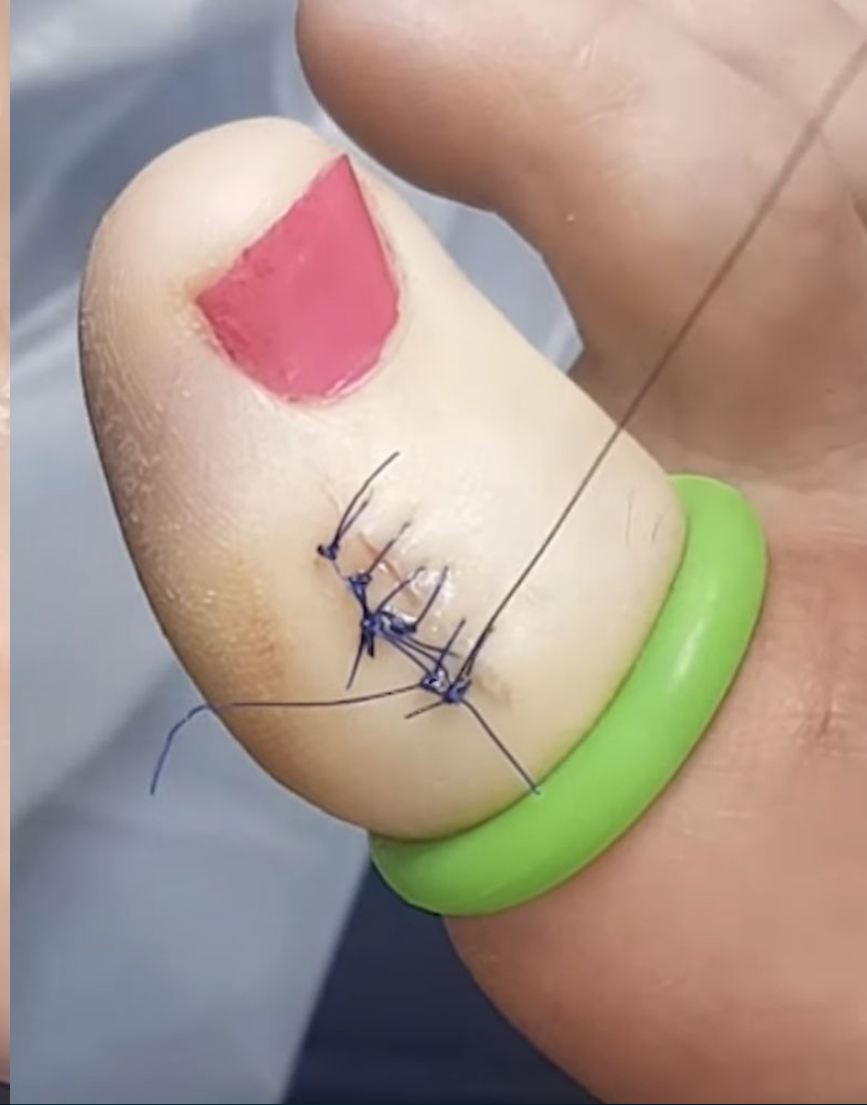
- Simple and safe
- Low risk even with high medical risk pts
- Taping 6-8 weeks with a light dressing
- Usually no sutures
- **Complications**
 - *Failure to correct deformity*
 - *Infection/numbness*
 - *Neurovascular damage*
 - *Over-correction/compensation (flexor/extensor)*
 - *Transfer lesion adjacent digits*





Soft tissue lesion excision

- Simple lesion
 - ***Myxoid (muroid) cyst excision***
 - ***Foreign bodies***
 - ***Ganglion drainage/excision***
 - ***Wart curettage***
- Typically do not want to disrupt adipose tissue
 - Avoid skin lesions which we are unsure about – biopsy, histopathology, SCC, GP, dermatologist
- Considerations
 - Scar formation, infection, increased recovery with plantar foot surgery (more severe cases non WB)



Mucoid Cyst

Foreign Body & Atypical Lesions

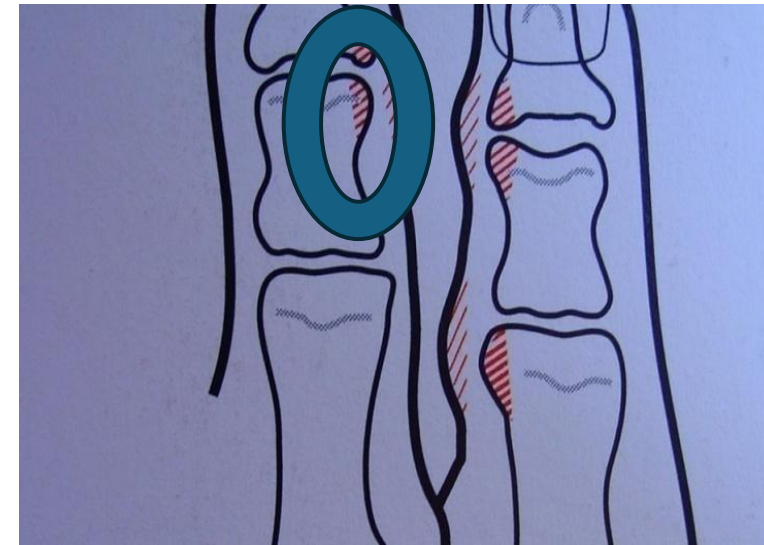


Wart curettage & ganglion drainage



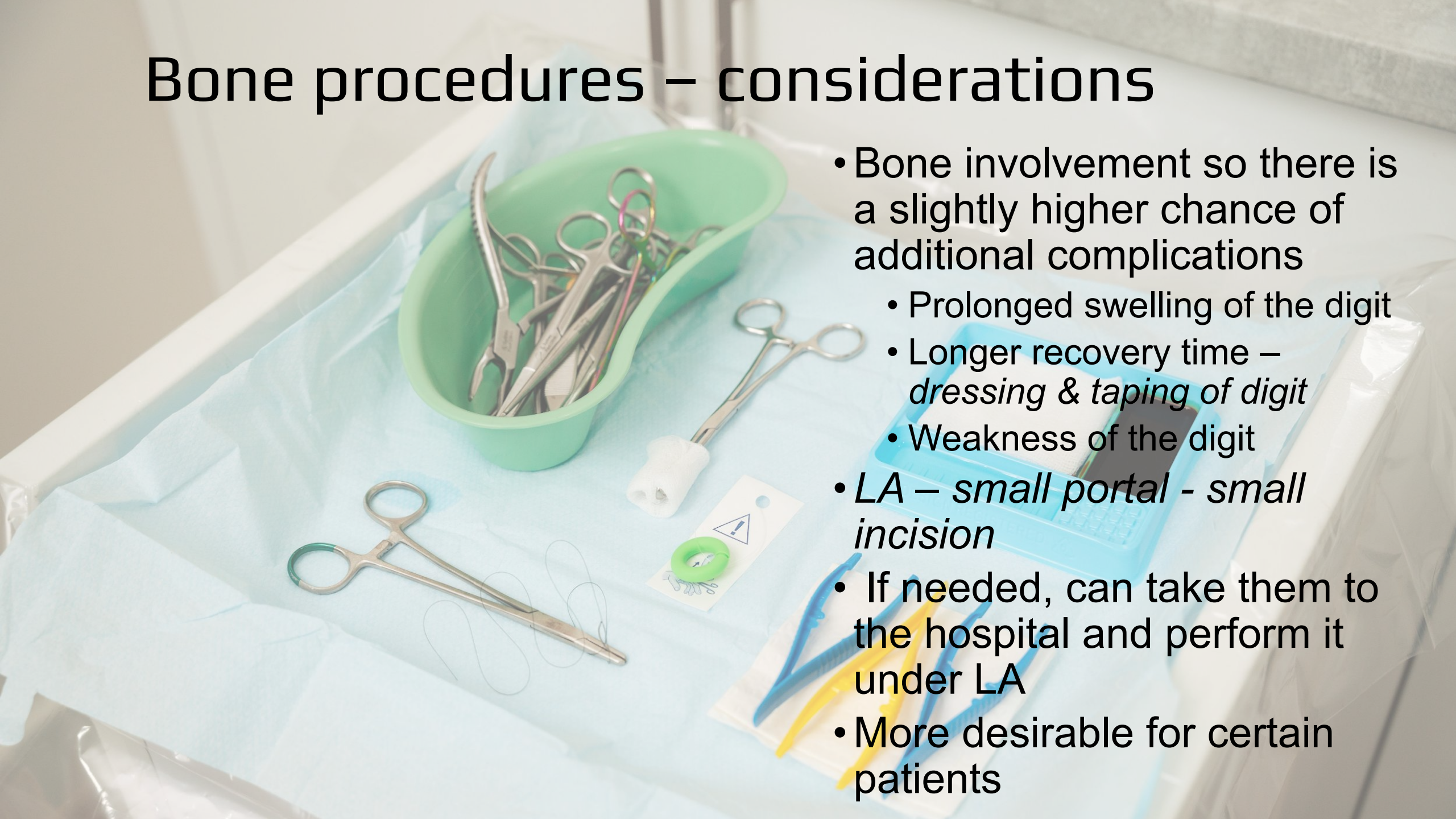
Bone Procedures

- **Ostectomy 'shaving lumps/bumps'**
 - Treating painful corns
 - Minor hammer toe
 - Dorsal foot spurs
- **5th toe deformities/arthroplasty**
 - Hammer toe
 - Adductovarus digit
 - Painful callus/corn or footwear complications

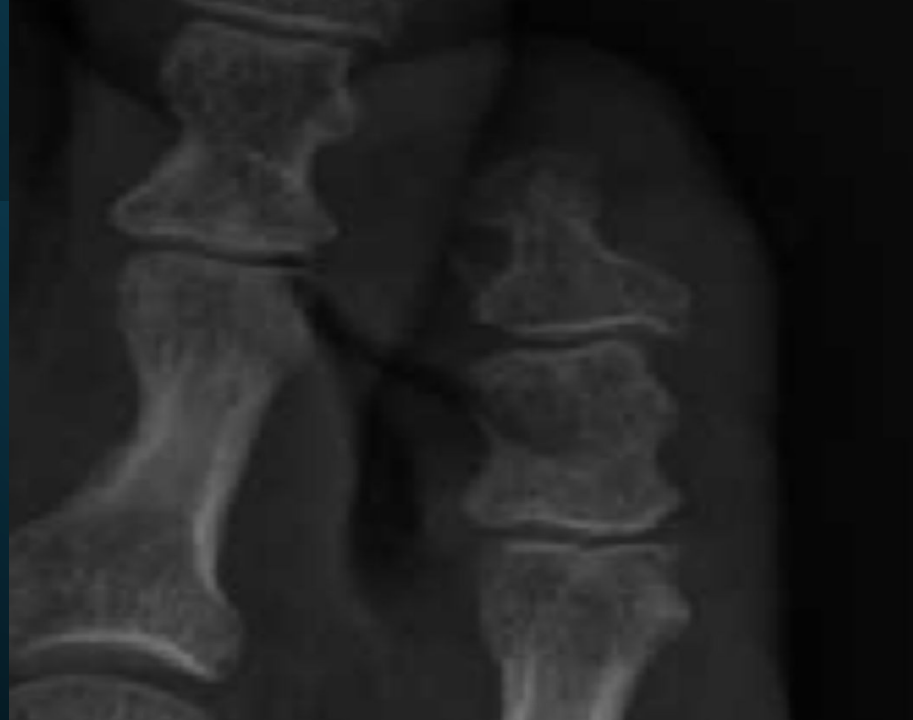
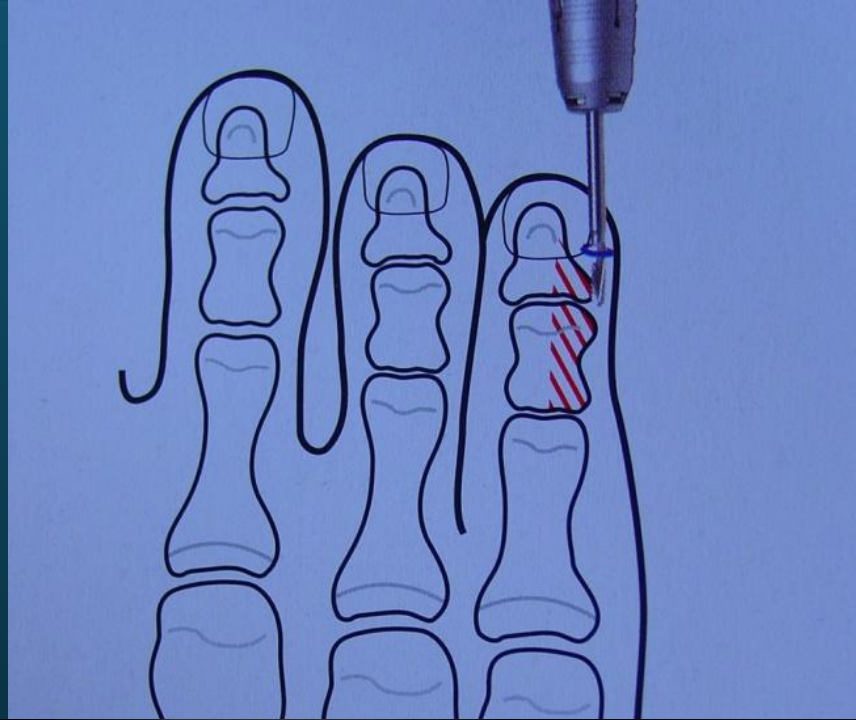


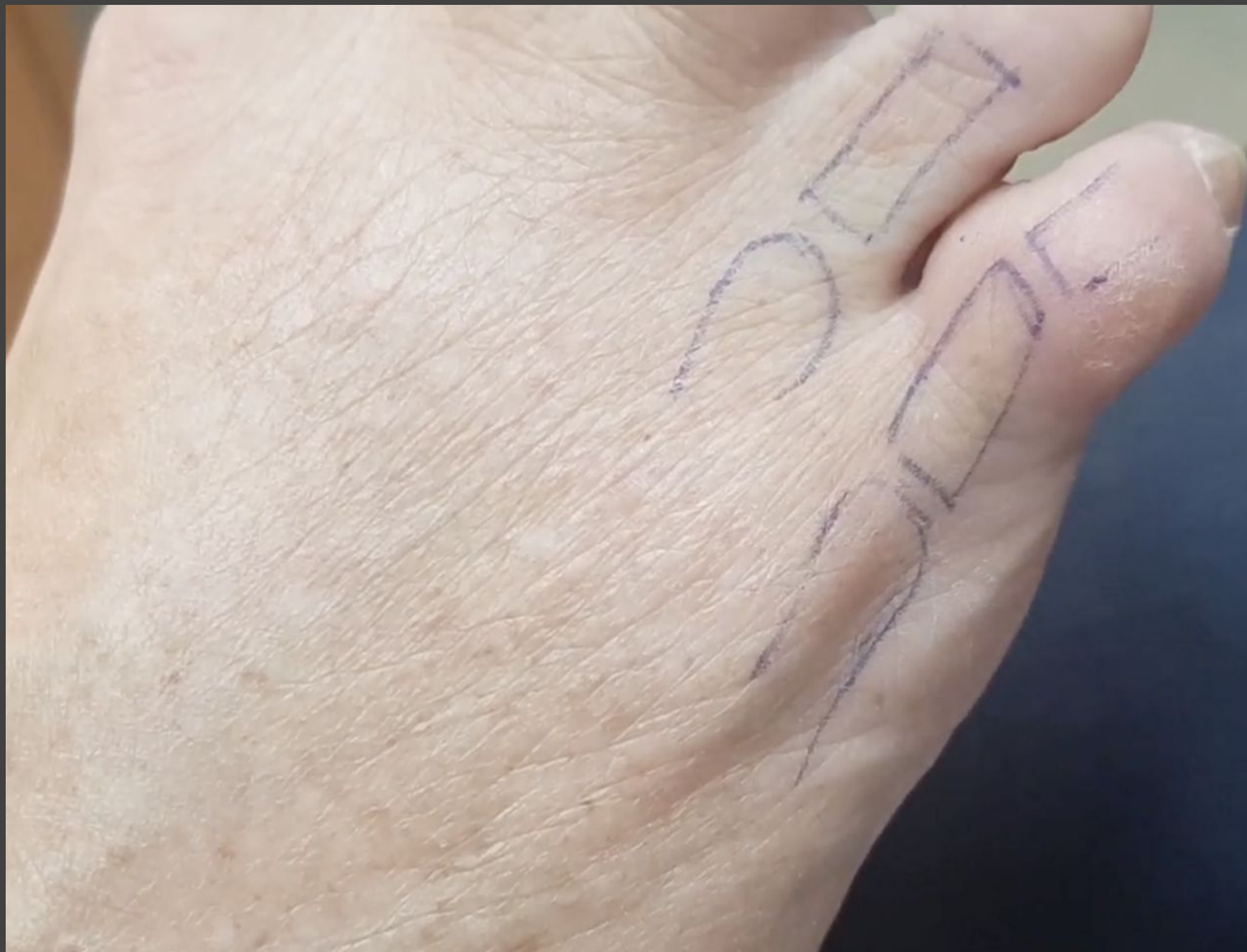
Bone procedures – considerations

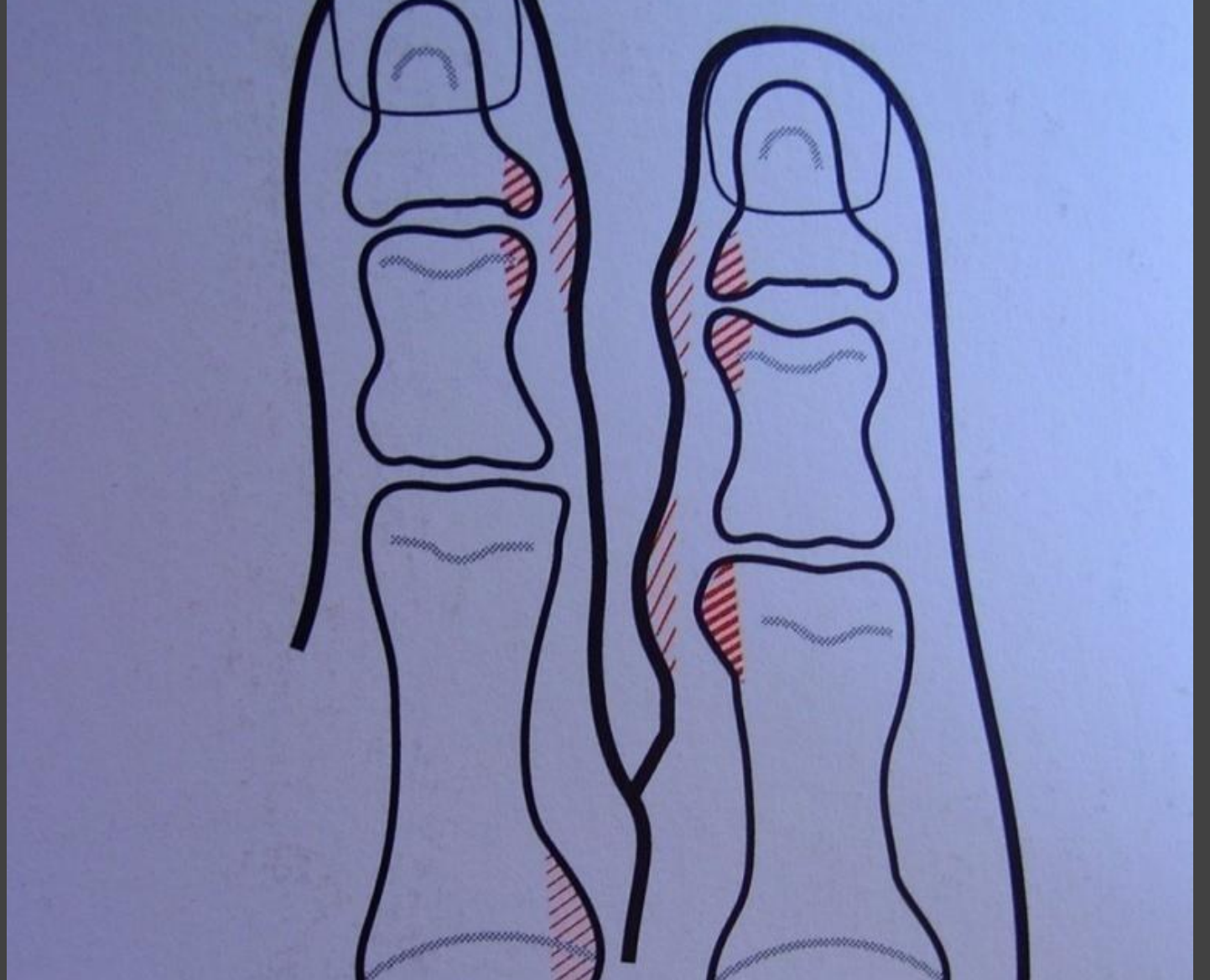
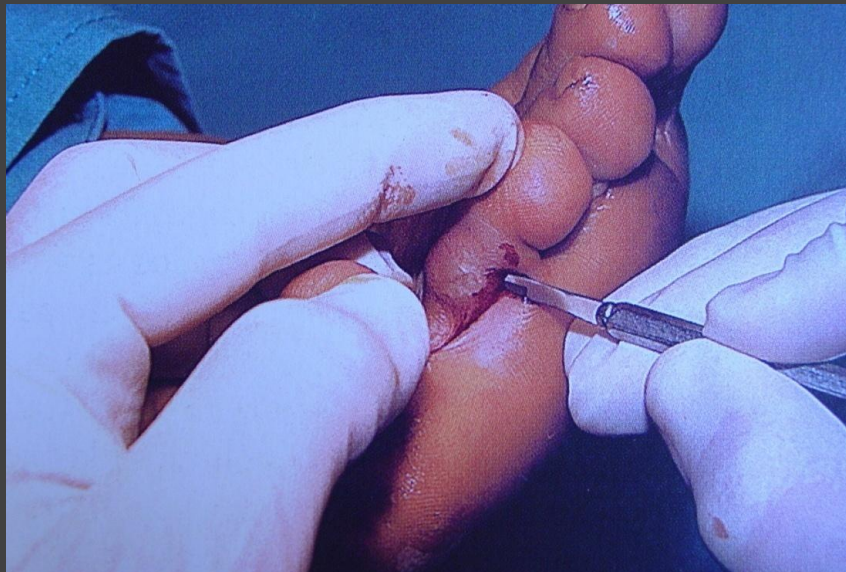
- Bone involvement so there is a slightly higher chance of additional complications
 - Prolonged swelling of the digit
 - Longer recovery time – *dressing & taping of digit*
 - Weakness of the digit
- *LA – small portal - small incision*
- If needed, can take them to the hospital and perform it under LA
- More desirable for certain patients



Digital bumps/spu rs









M, 92Y



Summary

- In room procedures can be extremely useful & versatile
- Understand which pathology is more suitable and which patient is more suitable
- Risk are smaller, quick recovery, effective,
- Pre op work up is important
- A range of procedures can be useful including soft tissue, tendon & osseous procedure
- Contact your local podiatric surgeons & can discuss some of these procedures in more detail

The background features a repeating pattern of light gray speech bubbles, each containing a dark teal question mark. The bubbles are arranged in a staggered, overlapping grid. The word "Questions" is centered in a white, sans-serif font.

Questions



Any patient related questions

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