

# Surgery: Peroneal Nerve Decompression

The common peroneal nerve is a branch of the sciatic nerve that wraps around the outer side of the fibula just below the knee, and is responsible for motor and sensory function in the lower leg and foot. Compression or injury to this nerve can lead to symptoms such as foot drop, weakness, and sensory disturbances. One cause of peroneal nerve compression is osteochondromas that can put pressure on the nerve, leading to pain, weakness, and loss of function. Sometimes, surgical decompression may be indicated to improve symptoms and prevent long-term deficits.

## Surgery is indicated if:

- Neuropathic pain or dysesthesia: Tingling, burning, or shooting pain in the lower leg, foot, or toes. Children may describe this as feeling like ants on their feet, their foot is asleep or a shocking sensation.
- Weakness in the foot or leg: Difficulty lifting the foot or toes (foot drop) or noticeable weakness in the leg muscles.
- Pain at the fibula: Localized pain or tenderness on the side of the knee near the fibula that is preventing someone from participating in everyday activities.
- Worsening symptoms: Gradually worsening symptoms or new issues like numbness, tripping, gait changes, or clumsiness in the foot or leg.

## Expectations and Recovery from Surgery:

- The primary goal is to prevent worsening symptoms by removing osteochondromas pressing on the peroneal nerve.
- Most people experience improvements in pain and nerve function, though there are always risks.
- While uncommon, complications like temporary foot weakness or nerve pain may occur. They often improve with time (but temporary orthotic use may be necessary). Recurrence of symptoms is more frequent in skeletally immature patients (children who are still growing). The probability of remaining symptom-free is 88% at 3 years and decreases to 73% at 6 years postoperatively.
- Patients can walk the day of surgery, but may require a boot for a couple of weeks. Postoperative pain management with medication is required. Your surgeon may use a wound vac to help heal the incision by applying gentle suction to remove fluid and swelling. The vac is typically removed at the first post op visit.

Routine monitoring is crucial, especially for children, as new growths can lead to new challenges. Ongoing collaboration with your clinical team is important to support timely intervention and the best possible long-term outcomes.

## References:

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**The best clinical decisions are made with a trusted physician. This is not intended to replace a discussion with your clinical team.**