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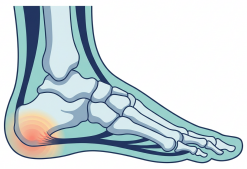
PATIENT EDUCATION · MINIMALLY INVASIVE FOOT & ANKLE PROCEDURES

Plantar Fasciitis Procedures

Plantar fasciitis is a common cause of heel pain. Most patients improve with conservative care. For select patients with chronic heel pain that has not responded to non-surgical treatment, procedural options may be considered.



For educational illustration only.

At a Glance

Focus area	Minimally Invasive Foot & Ankle Procedures
Goal of care	Plantar fasciitis is a common cause of heel pain.
Where it's provided	In our office or a surgical center, based on your evaluation and what is clinically appropriate.
Your next step	A consultation with Dr. Stephen Wigley IV to review your symptoms and options.

Who May Benefit

- Patients with chronic heel pain despite conservative care
- Those with morning heel pain or pain after rest
- Eligible patients identified during evaluation

When to Seek Care

- Heel pain lasting more than a few weeks
- Pain with first steps in the morning
- Heel pain that limits walking or activity

How We Evaluate

- Examination of the heel and arch
- Imaging when needed
- Review of prior treatments and symptoms

Treatment Options

- Stretching, orthotics, and footwear changes
- Other conservative therapies
- Procedural options for eligible patients with chronic symptoms

What to Expect

1. A plan tailored to your symptoms
2. Guidance on activity and recovery
3. Coordinated follow-up with the care team

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WIGLEY FEET

Your Surgery Journey — Before, During & After

BEFORE SURGERY

- Complete any requested labs, imaging, or medical clearance
- Review your medications with us — some may need to be paused
- Follow eating/drinking instructions if anesthesia is planned
- Arrange a ride home and loose, comfortable clothing
- Wash the foot the night before; remove nail polish if asked

DURING SURGERY

- Local anesthesia numbs the area for most office-based procedures
- You may feel pressure or movement, but should not feel sharp pain
- Most procedures take roughly 30–90 minutes
- Our team monitors your comfort throughout

AFTER SURGERY

- A sterile dressing protects the surgical site
- You may receive a surgical shoe or boot for walking
- Mild soreness is normal as numbness wears off
- Written instructions and follow-up scheduling before you leave

Dr. Wigley's Post-Op Instructions

1. Keep the dressing clean, dry, and in place until we remove or change it — no peeking.
2. Elevate the foot above heart level as much as possible for the first 48–72 hours.
3. Apply ice as directed (about 20 minutes on, 20 off) over the dressing — never directly on skin.
4. Take medication exactly as prescribed; stay ahead of pain rather than chasing it.
5. Follow your weight-bearing instructions and wear the surgical shoe/boot whenever walking.
6. No soaking, baths, swimming, or getting the site wet until cleared at follow-up.
7. Call the office right away for: fever over 101°F, spreading redness, foul drainage, bleeding through the dressing, severe pain not relieved by medication, or new calf pain/swelling.
8. Keep every follow-up appointment — healing is monitored at each visit.

Important: These are general guidelines. Always follow the personalized instructions given to you at your visit — they take priority over this handout. Questions after surgery? Call (305) 895-9528.

Common Questions

Do I need surgery for heel pain?

Most patients improve with conservative care. Procedures are considered only for select patients with chronic symptoms after a thorough evaluation.

Sources & Further Reading

- American College of Foot & Ankle Surgeons — FootHealthFacts.org
- American Podiatric Medical Association — apma.org
- MedlinePlus, U.S. National Library of Medicine — medlineplus.gov

Questions? Call Wigley Feet at (305) 895-9528 to schedule an evaluation. New patients can also request an appointment at www.wigleyfeet.com.