



HAGLUND'S DEFORMITY SURGERY

WHAT IS A HAGLUND'S DEFORMITY?

A Haglund's deformity is an enlarged or prominent bump in the back of the heel bone. The Achilles tendon runs over this bump and can get damaged from pressure against the bone. Patients with a Haglund's deformity may or may not have pain. Sometimes, people will have pain due to shoes rubbing against the bump or inflammation in the space between the bone and the tendon called the retrocalcaneal bursa. At other times the pain is related to damage in the Achilles tendon itself.

Diagnosis

There can be overlap and similarities between **insertional Achilles tendinitis** and Haglund's deformity symptoms, but in most cases, the diagnosis can be made by a thorough history and physical examination by your **foot and ankle orthopaedic surgeon**. In both conditions, the pain is at the back of the heel. The pain is often worse with pressure on the area from



X-ray of a patient with a large insertional Achilles spur and Haglund's deformity in front of the spur

certain shoes or activities that stretch the tendon by putting the foot in an upward position.

An MRI can be helpful to evaluate the extent of tendon damage and to plan for surgery.

Treatment

Non-surgical Treatment

Non-surgical treatment options include nonsteroidal anti-inflammatory drugs, heel lifts, and switching to shoes that do not put pressure over this area. Exercise-based treatments such as physical therapy are an effective first-line treatment for the majority of patients.

Surgical Treatment

Patients should consider Haglund's deformity surgery if they don't get relief from non-surgical treatments. Patients at high risk for wound issues should avoid this surgery. You should discuss your options with your foot and ankle orthopaedic surgeon before proceeding with surgery.

If prominence is the main issue, then the goal of the surgery simply is to make the heel bone less prominent. If the Achilles tendon has degenerated as well, then the procedure may involve removing or repairing a portion of the Achilles tendon.

This surgery is usually an outpatient procedure, meaning you can go home the same day as your surgery. General anesthesia or a **nerve block** at the knee to make the leg numb will be given.

If the prominent bone is being removed, your surgeon does this by making an incision at the heel next to the Achilles tendon and then removing the prominent bone. If the Achilles tendon is degenerative, then the incision often is made in the midline, and the degenerative portion of the Achilles tendon is removed along with the prominent bone. Sometimes, a **tendon is transferred** to replace a portion of the Achilles tendon that cannot be repaired.

Recovery

If the surgery consists of removing the prominent bone only, you will be in a splint for approximately two weeks. After that your sutures will be removed and you will be allowed to begin bearing some weight.

If the surgery involves repair of the tendon to any degree, then weight bearing may be delayed. A boot with a heel lift is used and physical therapy may be started at two weeks from surgery. Over the following weeks, you will take the lift out of the boot and then come out of the boot altogether.

Risks and Complications

All surgeries come with possible complications, including the risks associated with anesthesia, infection, damage to nerves and blood vessels, and bleeding or blood clots. Complications with Haglund's deformity surgery specifically can include residual pain, weakness or tightness, or rupture of the repair.

How did I get this bony prominence in my heel?

It is unclear what causes the bone growth in this area. The severity of the symptoms depend on the types of shoes people wear and the activities they perform. Some people may experience swelling related to the Achilles tendon or structures around the bone.

If I don't remove the bone spur, will my Achilles tendon keep tearing?

Although they can look pointed and sharp, bone spurs or calcifications at the tendon attachment are not the cause of the tendon damage, but more of an effect of the damage to the tendon. Patients that are successfully treated without surgery will still have bone spurs on X-rays but no longer have pain, and many patients having X-rays for other reasons will also have bone spurs that are not causing them any pain. If the patient does end up having surgery for this problem, however, the bone spur will be removed in the process most of the time.

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