

Surgical Repair of Talipes Equino-Varus (Club Foot)

Patient information - Department Orthopaedic OPD Paediatric Department

How do you get baby ready for the hospital and surgery?

Remove baby's casts one day before the scheduled surgery or admission to hospital. This dries the skin on baby's feet and legs and lets you bathe them.

When do you come to the hospital?

If surgery is scheduled for the afternoon, you must come to the hospital in the morning. If surgery is scheduled for early in the morning, arrive at the hospital the night before. You will be advised when to come for surgery. **(There are facilities available for you to stay the night with your baby.)**

NB: Baby must have his last feed, four hours before scheduled surgery.

Where does baby go after surgery?

Ward staff will tell you when surgery is finished. You can then wait in the Recovery Room, ready to comfort and hold your baby. During surgery, the anaesthetist puts a nerve block (for pain relief) in baby's lower back. He or she will give this a "top up" in Recovery, if necessary. You and baby can return to the ward when Recovery Room staff are sure that baby is awake enough and pain is under control. Baby is now in above-the-knee plaster of paris casts which are larger and bulkier than you are used to. These may have splits to help circulation and swelling. They take 24-48 hours to dry.

In baby's arm will be an intravenous line. The surgeon puts this in so that, if necessary, staff can give baby fluids or pain relief drugs during and after surgery.

How is baby cared for in the hospital after surgery?

The most important aspects of care are:

- controlling/relieving baby's pain.
- - checking the blood circulation and swelling of baby's feet in the plaster casts.

How will staff control and relieve baby's pain?

Staff will give baby Paracetamol orally (by mouth) or as a suppository (rectally). If the pain becomes a problem, they will treat it with morphine in small controlled doses through the intravenous line.



What care does baby need for swelling in feet and legs?

Parents and staff work together to care for baby after surgery. Staff will show you how to raise baby's legs on pillows while he is sleeping or nursing. The plaster may be split the entire length, allowing room for swelling and maintaining circulation to the toes. This may be done in theatre by the surgeon, or by a nurse in the Orthopaedic Outpatients Department after surgery.

How will baby feed after surgery?

Staff may give your baby fluids through the intravenous line until the feeding routine is back to normal. Baby can feed normally when oral fluids are tolerated.

How long does baby have to stay in hospital?

After the surgery, baby will have to stay at least overnight and even up to two or three days. The amount of time depends on baby's condition in the time after surgery. The hospital will discharge baby when she/he is feeding normally and the surgeon is happy that:

- the plasters are comfortable
- - baby's feet and legs are not too swollen
- - baby's pain or discomfort is under control.



What is the follow up care after baby leaves the hospital?

If you have any problems or concerns regarding baby's care, plasters or surgery, you can contact the Orthopaedic Outpatients Department and speak with the nursing staff. They will help you or organise an appointment with the surgeon. After two weeks, baby will be admitted to the ward as a day patient and while baby is asleep, the surgeon will change the plasters in theatre. He will check the wound and any "K" wires (if these were used), and remove sutures. Baby will be discharged later in the day. The surgeon decides on further plaster changes and appointments. The feet will stay in plaster for approximately 12 weeks. Some surgeons use orthotic night splints or shoes for a period after surgery to maintain the correction.

An explanation of the surgical procedure for Talipes Equino-Varus

This operation releases the tight capsule around the talus at the ankle and the navicular bone in the foot. The surgeon will lengthen the achilles tendon and may need to lengthen other tendons. Realigning the talus and navicular bones may require "K" wires to hold the position, however, the extent of the surgery is often not decided until the surgeon has opened baby's foot. The anaesthetist uses a nerve block inserted into baby's lower back to relieve pain during surgery and later in the Recovery Room. With baby lying on his stomach, the surgeon uses a tourniquet to provide a 'bloodless field' which allows him to identify the anatomy of the ankle and foot.

Surgery takes about one and a half hours for each foot. However, bilateral feet are operated on by two surgeons. The surgeons will usually use the 'Cincinnati' incision – - on the inside of the foot around the back of the ankle. He will then close the skin with interrupted stitches. Following this, the surgeon applies above-the-knee plaster of paris casts and positions the feet as close to "normal" as possible. This is a continue process which is achieved by using consecutive plasters. The first plaster change is at two weeks and baby usually needs a general anaesthetic. This makes the limbs completely relaxed so the procedure can be carried out more easily.

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For more information about:

- your health and medication, go to www.healthinfo.org.nz
- hospital and specialist services, go to www.cdhb.health.nz