

FOOT FUSIONS

Why does my child need this surgery?

The most common reason for a child needing a foot fusion is to correct a severe flat foot deformity.

When a child is young, flat feet are common and usually, painless. As the feet become more deformed, as a result of growth and spasticity, braces can usually be helpful in keeping the feet in a more normal position. However, as the child becomes bigger and the feet often stiffer, braces become very uncomfortable and walking is difficult.

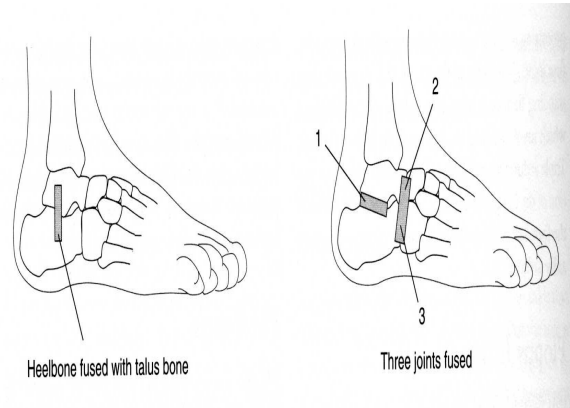
What does the surgery involve?

There are several procedures available to address these deformities. The child's age and the severity of the deformity are the determinants of the choice of procedure. Typically, a lateral column approach, lengthening the calcaneus is used for children without a severe flat foot who are good walkers.

Children with more severe deformity who are more marginal walkers are usually candidates for subtalar fusions where the calcaneus is fused to the talus.

The most severe foot deformities, and usually non-ambulators, are addressed with a triple arthrodesis which involves more bony correction and the fusing of three joints: the calcaneus to the talus, the navicular to the talus and the cuboid to the calcaneus.

These procedures often involve bone grafting as well as the placement of screws, staples or small plates.



What are the incisions like?

The incisions are located on the outside and the inside of the foot.

What happens immediately after surgery?/casts?

The feet are placed into casts in the operating room, usually short leg, often walking casts. The casts are then "soled" in the castroom a day or two later.

Will my child have pain?

Yes, however, the pain will be controlled with pain relievers and muscle relaxants. If, after your child returns home, you feel that he/she is having inappropriate pain or side effects from the medications, please call the office.

Will my child be able to walk?/activity at discharge?

Initially a child needs a bit of assistance to stand and walk, particularly if other muscles/bones have been addressed in the

surgery. However, most children are walking in their casts within the week, if this were their only surgery. Childrens' activity is as tolerated, with the exception of not being able to get the casts wet.

Will my child be able to ride in the car?

Yes. Normally, we recommend elevating the feet to help with swelling. However, in the car, the feet can dangle.

Will my child need physical therapy?

Physical therapy is helpful at first to help with getting up and about in the casts. It is again very important when the casts are removed.

When will my child need to return to see the doctor/x-ray?

Typically, the first visit after surgery is 3-4 weeks after surgery. At that time the casts will be checked (possibly replaced) and x-rays will be made in the casts.

When will my child be able to return to school?/bus?

As soon as your child is comfortable, they may return to school. The feet can be elevated for comfort and frequently a walker or wheelchair is helpful in the beginning. Bus riding is also permitted as long as the child is comfortable.

How long will it be until my child has completely recovered?

After the casts come off (usually 6-8 weeks after surgery) there is a period of

adjustment and recovery that may last anywhere from weeks to months. This is very individual but children predictably gradually improve on a steady basis. In some cases there is a temporary need for braces just to give some extra support during the recovery period.

Will this surgery ever need to be repeated?

There are some foot procedures that are done at earlier ages that may have to be expanded upon to fully stabilize a "grown" foot. Your child's surgeon will assess his/her deformity and consider age and the size of the foot when suggesting a procedure. In some cases, another surgery may be required when the child reaches full growth.

What are the possible complications associated with this surgery?

As with any surgery, infection can be a complication (usually mild skin infection easily treated with oral antibiotics.) Additionally there can be situations when a fusion "doesn't take" that is the bones does not fuse. This is called a non-union . It can sometimes require a further procedure. Occasionally, the hardware used to achieve the correction of the foot deformity, can irritate the foot. However, this is usually not an early complication. Therefore, when it does occur, often the hardware can be removed because it is no longer needed.