

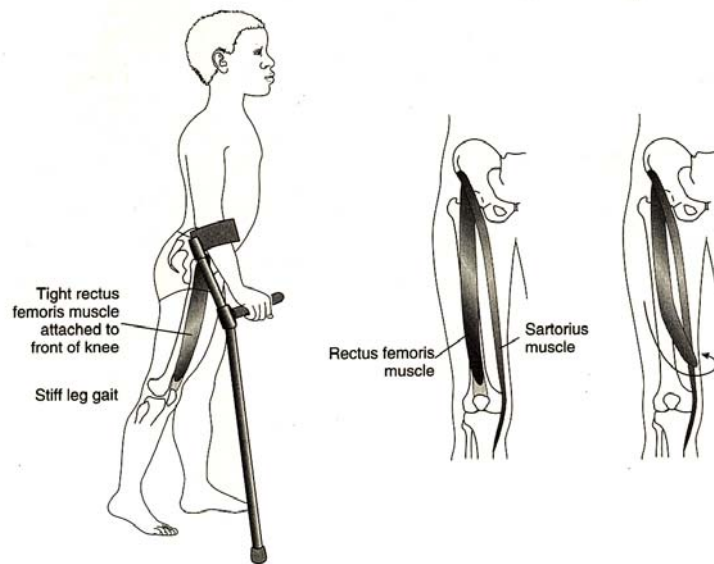
## ***RECTUS TRANSFERS***

### **Why does my child need this surgery?**

The large group of muscles that are located in the front of the thigh are called the quadriceps. Spasticity in a child usually causes most difficulty with one of these muscles in particular, the rectus femoris. It lies across the front of the knee and the spasticity of this muscle causes a stiff knee. This occurs when the child walks and attempts to bend his knee as he lifts his foot to swing forward. This causes a stiff-legged gait and often, dragging of the toes. If the child is not an ambulator, he can have difficulty sitting if the knee is incapable of bending, causing the legs to stick out in front.

### **What does the surgery involve?**

The surgery involves separating the rectus muscle from the other three muscles of the quadriceps complex and transferring the tendon to a muscle on the inside of the thigh. That muscle is the sartorius or semitendonosis muscle. This transfer then helps the hamstrings (in back of the knee) to bend the knee. Those patients who have severe problems with sitting and stiff knees, may sometimes require addressing more than just the rectus muscle.



### **What are the incisions like?**

The incision is located in front of the leg, just above the knee. It usually is approximately two inches in length and is vertical.

### **What happens immediately after surgery?**

There is usually no immobilization (cast) after this surgery. There will be bandages over the incisions. If the child has only had this procedure, his hospital stay will likely be one night however, most children have several problems addressed at one surgery and this lengthens the stay.

## **Will my child be able to walk?**

Yes. However, at first your child may need help such as a walker or crutches. This would be assessed by a physical therapist.

## **Will my child be able to ride in the car?**

There should be no problem with car riding.

## **Will my child have pain?**

Yes. However, it will be controlled with pain relievers and muscle relaxants for spasms. If, after your child returns home, you feel he is having inappropriate pain or side effects from the medication, please call the office.

## **Will my child need physical therapy?**

Yes, the therapist will see your child in the hospital and you will be given a prescription for PT when your child is discharged. The therapists will be working on stretching, strengthening, and ambulation training.

The social worker will help with arranging for therapy. However, individual insurance coverage will often dictate what therapy is possible. It is very helpful for families to inquire about their coverage prior to surgery in order to facilitate the process of obtaining what is needed for their child.

## **When will my child return to see the doctor?**

The first post-operative visit is usually four weeks after surgery. If your child has had only this procedure, he/she will not need an x-ray at that visit.

## **When will my child be able to return to school?**

Your child may return to school as soon as he/she is comfortable. This may be as early as one to two weeks after surgery, if this was the only procedure. When a child has had several procedures, the return to school is usually two to four weeks after surgery. A good deal of this depends on the individual child, the length of the bus ride and the ability of the school to accommodate the child's needs.

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

This varies with each child and depends also on what other procedures may have also been done. In general, it takes three to six months for complete recovery.

## **Will this surgery ever need to be repeated?**

This is not a surgery that is repeated, except on rare occasions when significant scar tissue develops.

**Are there any possible complications associated with this surgery?**

The main complications include infection and/or a wide scar. Treatment is usually simple and seldom delays recovery.

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