

SPLIT TIBIALIS POSTERIOR TENDON TRANSFER

Why does my child need this surgery?

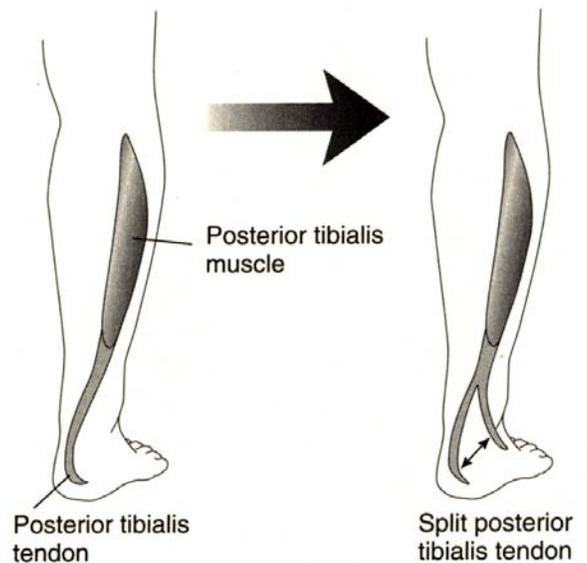
The muscles of the foot can become imbalanced due to spasticity, causing the foot to no longer be appropriate for standing. In the case of tightness in the posterior tibialis tendon, which is located on the inside of the foot, the foot is pulled in and down. This causes the child to attempt to stand and walk on the outside of the foot. This muscle tightness is often associated with Achilles tendon spasticity and tightness.

When a child is young and the foot is very flexible, the foot can often be comfortably held in a brace. However, as the child gets bigger and the muscles pull harder, the brace becomes too uncomfortable.

What does the surgery involve?

The surgery involves balancing the overpowering tibialis posterior pull with the weaker peroneal tendons.

This involves splitting the tibialis posterior tendon longitudinally, and swinging one half of it across the back of the ankle and attaching this half to the peroneal tendon on the outside of the foot. This positioning works like a bridle, with more symmetric muscle pull on both sides of the foot, resulting in more normal foot placement.



What are the incisions like?

There are two small incisions made during this surgery. They are located on the inside and the outside of the foot. They are relatively small incisions closed with sutures, which are self-dissolving.

What happens immediately after surgery? /casts?

The child is placed in a short leg-walking cast at surgery.

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 was their only surgery. Their 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?

There should be no difficulty with positioning the child for car rides.

Will my child need physical therapy?

Yes, there will be some therapy to assure that the child can walk in the casts. However, the real gains in the therapy will come after the casts are removed and the therapists focus on the proper gait and maintaining the correction with stretching.

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 need to return to see the doctor/x-ray?

The return visit will be in 4 weeks and the cast will be removed at that visit. Usually no bracing is instituted at that time. However, a brace might be used to hold the foot's position as the recovery proceeds.

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

This can be quite variable. The child's comfort level is the determining factor. This surgery tends to require at least one to two weeks before a child is comfortable to ride the bus and be at school for the day. A good deal of the variability is dependent upon the child's comfort in the school setting, the length of the bus ride and the ability of the school to accommodate the child's needs. These are the limiting factors in the return to school.

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

If this is the only procedure, the child is completely recovered in 3-6 months.

Will this surgery ever need to be repeated?

Sometimes growth will necessitate another procedure.

What are the possible complications associated with this surgery?

Complications are rare and usually minor, such as skin infections. Occasionally, the transferred half of the tendon can tear out, usually this can be resutured in place. Over-correction of this deformity, causing the foot to roll out into a flat foot, is another complication, but is carefully guarded against.

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