

Your child's surgery for clubfoot - Tibialis anterior tendon transfer

Children's Hospital

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Information for Patients

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Introduction

Your child is due to have surgery to correct the curve in their foot. The medical words for this operation are Tibialis Anterior Tendon Transfer.

This leaflet should help you and your child understand and prepare.

The operation happens under a general anaesthetic (whilst asleep).

A tendon is the tissue that attaches muscle to bone. The Tibialis anterior tendon is moved from its normal position at the inside of the ankle towards the outside of the foot. This technique is recognised as part of the Ponseti method of treating a club foot.

Why does my child need a tendon transfer?

You may notice that your child is walking on the outside of the foot, this is known as supinating. This happens when the tibialis muscle is working too hard, pulling the foot inwards as the foot and ankle move upwards. These problems are known as a relapse of the club foot. Tendon transfer may be recommended if other treatments such as casting and splints have not been successful.

What are the benefits of a tendon transfer?

- Correction of the foot shape
- Improved foot position during walking
- Improved comfort when walking
- Can replace the need for a splint in some cases

The operation

The transferred tendon is held in place by a surgical button, this is put in during the operation and will stay in place for six weeks and covered by a plaster cast. No weight

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should be taken through the cast unless your surgeon says otherwise. In young children we understand this can be difficult.

Dissolvable stitches are used but the stitch holding the button in place will need to be removed. This will be done in an outpatient clinic and you will receive this appointment in the post. A new plaster cast may then be applied and we will give you a special shoe that allows your child to walk.

Once your child has recovered from the surgery they are usually discharged home the same day, however some children do need to stay overnight. A physiotherapist will show your child how to use crutches before going home.

Aftercare

Please make sure you have some pain relief ready at home. It is important that your child remains comfortable, they will need pain relief through the day and night.

The foot shape may not look perfect when the cast is removed. The shape will change as your child grows and it can take months for the full effect to be seen.

A splint is usually needed for about three months. If this is the case, you will see an Orthotist at the first plaster cast change and a mould will be taken for the splint to be made. You will then be recast until the splint is ready.

Possible complications

- There is a low risk of bleeding and nerve damage
- Wound infection, this will normally settle with antibiotics
- Scarring of the skin may occur as a result of the surgical cut
- A need for further procedures

There may be altered feeling at the site of the operation site this may be temporary or permanent.

Specific complications

- The tendon can become looser than it should or even pull loose, the correction may not be as good as expected.

Paediatric Orthopaedic Consultants

- Mr Furlong
- Mr Abraham
- Mr Qureshi
- Miss Peek

Contact Details

- Julie Keeley (Secretary) 0116 258 5756 8am- 4pm
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