

## DR JEFF LING MBBS BSc (Med) FRACS (Orth)

Adult and Paediatric Orthopaedic Surgeon Specialising in the Foot and Ankle

# **Cavovarus Foot Reconstruction**

#### **INTRODUCTION**

A cavovarus foot is characterised by a high arch, and a heel that bows outwards. The most common cause is an underlying neurological condition such as Charcot-Marie-Tooth disorder, although often, no cause is identified.

Reconstructive surgery for this foot shape aims to realign the heel bone, decrease the height of the arch and improve the way the foot moves by rebalancing tendons that move the foot.

#### THE PROCEDURE

There are a number of steps to Cavovarus Foot Reconstruction:

- 1. General Anaesthetic
- 2. Administration of intravenous antibiotics
- 3. Nerve block at knee for post-operative pain relief
- 4. Heel shifted outwards 1cm using a burr via a small incision and fixed with a titanium screw
- 5. Lengthening of tight tendon (tibialis posterior)
- 6. 1st metatarsal or cuneiform osteotomy to reduce arch
- 7. Tibialis anterior tendon transfer
- 8. Intra-operative check Xray
- 9. Wound Closure with sutures
- 10. Plaster Backslab

### **RISKS & COMPLICATIONS**

Every surgical procedure carries some risk. These risks are largely uncommon and many are rare.

They include:

Anaesthetic complications

Drug reactions

Wound infection

Deep Vein Thrombosis (DVT)/Pulmonary embolism (PE)

Sensory nerve injury

Chronic Regional Pain Syndrome

**Ongoing Pain** 

Overcorrection/Undercorrection



#### POST OPERATIVE PROTOCOL

2 - 3 nights in hospital for observation, training with hospital physiotherapist to use crutches/knee scooter

Backslab plaster and its dressings kept dry and intact until first post-op appointment Keep foot elevated as much as possible, for the first 2 weeks Bloodthinner (Xarelto) taken for first 6 weeks whilst non-weightbearing

Pain killers required for up to 2 weeks

First post-op appointment roughly 2 weeks post surgery for wound check and conversion to full cast

Weightbearing – nonweightbearing for first 6 weeks, Weightbearing in moonboot from 6 – 12 weeks Return to most activities by 6 months Full recovery up to 12 months

#### **PROBLEMS AND CONCERNS**

If you have any queries or concerns, contact Dr. Ling's rooms on 9650 4782 between business hours. After hours or on weekends, if your matter is urgent, please present to the Emergency Department at Prince of Wales Hospital if you are an adult, or Sydney Children's Hospital if the patient is your child, and you will be seen by the Orthopaedic Registrar on call, who will contact Dr Ling directly