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Adult and Paediatric Orthopaedic Surgeon
Specialising in the Foot and Ankle

Paediatric Flatfoot Reconstruction

INTRODUCTION

The flexible flatfoot is a normal variant and is very common in children. Most require no treatment. A minority of these flexible flatfeet will present with pain but most of these will respond to calf stretching and orthotics. In those children and young adults who have a more severe variant of flat foot that doesn't respond to non-operative strategies, surgical reconstruction is indicated. Dr. Ling looks for and addresses every part of the deformity using a tailored approach to every flat foot. This results in a remarkable change in the shape of the foot.

THE PROCEDURE

There are a number of potential steps to Paediatric Flatfoot Reconstruction depending on the severity of the deformity:

1. General Anaesthetic
2. Administration of intravenous antibiotics
3. Nerve block at knee with local anaesthetic for post-op pain relief
4. 5 cm incision over outer border of foot over neck of calcaneum, osteotomy performed at calcaneal neck and 10mm Allograft bone graft (donated bone) inserted known as a "lateral column lengthening"
5. Heel shifted inwards 1cm using a burr via small incision and fixed with titanium screw in severe deformity
6. Incision over medial aspect of foot overlying arch
7. Plantar-flexing medial cuneiform osteotomy performed to create more arch and fixed with titanium staples
8. Medial soft tissue imbrication/tightening
9. Check Xray using intra-op Xray machine
10. Wound Closure with sutures
11. 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
Failure of Bone Fusion (Non-union)
Ongoing pain

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