

Information for patients and carers

Ponseti Technique Tenotomy



Division of Surgery - Orthopaedics - Fracture Clinic



What is a tenotomy?

Your baby's foot has achieved a good position using plaster casts and the tight tendon (Achilles tendon) at the back of their heel now needs to be released to gain full foot correction. This is known as a tenotomy. Most babies with a club foot will need a tenotomy.

Where does it take place?

The tenotomy will normally take place in the out-patient clinic, but occasionally, it may be better for your baby to have it done in an operating theatre under a general anaesthetic. The procedure in out-patients is done using a local anaesthetic. This is a quick procedure, and the clinic staff will give you all the information you need and guide you throughout. You can stay with your baby. If your baby is having a general anaesthetic, special admission arrangements will be given to you. This will include when you should last give your baby a feed. It is important that you follow these instructions.

In clinic using a local anaesthetic

Your baby will have their plaster removed as normal and they will be able to have a bath and be weighed. Their foot will be assessed as being ready for the procedure. Local anaesthetic cream will be applied to the back of their heel. The cream will be left in place for between 40-60 minutes. During this time, written consent will be taken by one of the clinical team. It is important that your baby is not fed during this waiting period.

The procedure

Your baby will lie on the clinic bed as usual. You will be asked to feed your baby at key stages of the procedure to try and keep them relaxed and distracted. A local anaesthetic injection will be given into the area where the cream has been. The needle should not hurt, but the solution

may sting a little. Within a few minutes, the area will be numb and the tenotomy will begin. The skin will be cleaned. A very small blade is used to cut the tendon just under the skin and the foot is gently stretched into an improved position. A small pin prick scar will be made. A small dressing is then placed over the area. Your baby's foot will be measured for their boots and the final plaster cast will be applied, as the foot is now fully corrected. You and your baby can go home immediately after the procedure.



In theatre using a general anaesthetic

Your baby will be admitted to the day-case ward and their general health will be assessed and their weight taken. You will meet the anaesthetist who will talk through the process before your baby goes to theatre. You will be able to stay with your baby as they go to sleep. You will then be taken back to the ward by a member of staff to wait for the procedure to take place. The procedure is similar to the procedure carried out under a local anaesthetic. Your baby will be taken to the

theatre recovery area, where you will go and meet them as they wake up. They should be able to be taken home on the same day of the procedure. This will depend on their age and the decision of the anaesthetist.

After care

You may notice that your baby is a little irritable for a day or two after the tenotomy. You are able to give your baby paracetamol from two months of age onwards, to reduce any discomfort, but it is often reported that this is not required by families.

If your baby is younger than two months of age, you should speak to your Health Visitor or GP, about pain relief.

The plaster casts should be checked in exactly the same way as you have previously.

You must:

- Check your baby's toes are pink and warm at every nappy change
- Check your baby's toes can all easily be seen and are in the same position as when the plaster was first applied
- Check your baby's skin around the edges of the plaster for any signs of the plaster rubbing, for example redness
- Keep the plaster dry

You must contact the hospital if you are at all worried about your baby. Please use the telephone numbers listed under contact details.

Outpatient clinic follow-up

Your baby's Foot Abduction Brace (FAB) will be ordered, and you will be given an appointment to attend the Out-patient clinic 2-3 weeks after the tenotomy. In some cases, the plaster may be changed after one

week if your baby is likely to gain a lot of weight or if the Consultant thinks a better foot position can be achieved. If the plaster is to be changed after only one week, please give your baby some pain relief within one hour of attending the out-patient clinic. They will not be given a bath at this visit as it's important that they are not out of the plaster cast for too long.

What are the benefits of tenotomy?

- Full correction of club foot deformity
- Your child should walk at the usual age of development if the procedure is undertaken at an early age
- A normal looking, pain free foot
- The ability to wear regular footwear during the daytime with no need for splints

What are the risks of tenotomy?

- There is a low risk of bleeding and nerve damage
- Your baby may sometimes cry when their feet are touched initially
- Recurrence of deformity if the FAB is not used as prescribed by the clinical team

If you are not able to follow all the instructions given throughout your child's treatment, the outcome is likely to be less successful

The information in this leaflet has been produced by the Specialist Foot service team at Royal Manchester Children's hospital and is used with their permission.

Contact details

Should you require further advice or information please contact:

Physiotherapy - 01772 524114 Secretary - 01772 522509

Sources of further information

www.lancsteachinghospitals.nhs.uk www.nhs.uk www.accessable.co.uk www.patient.co.uk www.steps-charity.org.uk

All our patient information leaflets are available on our website for patients to access and download:

www.lancsteachinghospitals.nhs.uk/patient-information-leaflets

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If you want to stop smoking, you can also contact the Quit Squad Freephone 0800 328 6297.

Please ask if you would like help in understanding this information. This information can be made available in large print and in other languages.

Gujarati:

આ માહિતીને સમજવામાં સહાયતા જોઇતી હોય તો કૃપા|કરીને પૂછો. આ માહિતી મોટા છપાણ માં અને અન્ય ભાષામાં ઉપલબ્ધ કરી શકાય છે.

Romanian:

Vă rugăm să întrebați dacă aveți nevoie de ajutor pentru înțelegerea acestor informatii. Aceste informatii pot fi puse la dispoziție în format mare si în alte limbi."

Polish:

Poinformuj nas, jeśli potrzebna jest ci pomoc w zrozumieniu tych informacji. Informacje te można również udostępnić dużym drukiem oraz w innych językach

Punjabi:

ਜੇ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਸਮਝਣ ਵੀੱਚ ਮਦਦ ਲੈਣੀ ਚਾਹੋਗੇ ਤਾਂ ਕਰਿਪਾ ਕਰਕੇ ਇਸ ਬਾਰੇ ਪੁੱਛੋ। ਇਹ ਜਾਣਕਾਰੀ ਵੱਡੇ ਪ੍ਰਹਿੰਟ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵੀੱਚ ਮੁਹੱਈਆ ਕੀਤੀ ਜਾ ਸਕਦੀ ਹੈ।

Urdu:

دو سر ی زبانوں او ربٹ ی اگر آپ کو دی معلومات سمجھنے کے بئے ل مدد یک ضرورت ہے تو یک چھپا عجی عجی عجہ اب اب اس کت ہے براغ مہر عبان ہو ے چھوی۔ معلومات

Arabic:

مطبو عة بأحر ف كبير ة و بلغات إذا كنت تريد مساعدة في فهم هذه لمعلو مات يُر جى أن تطلب مطبو عة بأحرى بمكن تو فير هذه المعلو مات

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Division: Surgery

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