



Information for
patients and
carers

Ponseti Technique

The Ponseti technique

When a baby is diagnosed as having a club foot, the treatment that is recommended is called the Ponseti technique.

The medical term for a club foot is **congenital talipes equinovarus (C.T.E.V)**, sometimes described as 'fixed' talipes. The diagnosis can sometimes be made at the 20 week anatomy scan during pregnancy, but a confirmed diagnosis will be made at birth.

If there is a suspicion of club foot on the anatomy scan it can prove useful for parents to be given information about the treatment before their baby is born.

The Ponseti Method is proven to be very successful when correctly followed and is designed to give children a normal, active life.

The technique is very precise and requires attention to detail at every stage with the full cooperation of parents and clinical staff.

The treatment should ideally start by the end of the sixth week of life, assuming your baby is born at term.

Care will be delivered by the Preston Clubfoot Service.

There are 3 recognised stages to the treatment.

Stage 1

Application of plaster casts.

When you first bring your baby to clinic, they will be fully assessed. The diagnosis will be confirmed, and the treatment discussed and started.

Your baby will lie on a clinic bed with you at their side. You will be asked to feed them to keep them relaxed and distracted.

Their foot will be gently manipulated into a better position and a plaster cast applied that will cover the whole of their leg from foot to groin.

A cotton undercast padding is used to protect their skin and a quick-setting plaster is used to reduce the amount of time that your baby needs to be held relatively still.

The plaster cast around their toes is trimmed so that all their toes can be seen. Regular checks of this area are important.

You will be asked to take a photograph of their toes when the plaster is first applied.

The plaster will feel warm at first and then quite cool for a while as it dries out. Your baby may be upset when the plaster is cool. Keep your baby warm at this stage, but leave the cast uncovered so that the drying can progress. After a short time, the cast will be dry and the temperature comfortable again.

The plaster is normally left in place for 7 days. During this time, the soft bones of their foot are being reshaped and the tight structures are relaxed.

At your next appointment, the plaster cast will be removed with the plaster saw. Your baby will then be able to have a bath and be weighed. Their skin will be checked for any redness or rubbing which may happen in a plaster cast. If this is the case, extra padded dressings will be applied.

Their foot will be re-assessed and gently manipulated into a further improved position. This is possible because the tight structures have started to relax. Your baby's foot will never be forced.

The plaster cast is then applied as described above.

On average, your baby will need 3-5 plaster casts until their foot is assessed as being in a good position. At this point the foot is likely to

still be pointing downwards because of the tightness in the Achilles tendon that attaches to the heel bone.



Plaster care

- 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
- Keep the plaster dry

You must contact the hospital if:

- You cannot see all of your baby's toes
- Your baby's toes are not pink and warm
- The plaster becomes loose, cracked or crumbles
- Your baby is crying more than usual and appears to be uncomfortable. It may be because the plaster is rubbing in an area that cannot be seen

Please use the telephone numbers listed under contact details.

Stage 2

Tenotomy of the Achilles tendon.

A separate leaflet is available which gives more details about this procedure.

When your baby's foot has achieved a good position using plaster casts, the tight structure (Achilles tendon) at the back of their heel 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.

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.

The procedure is usually done using a local anaesthetic, but occasionally your consultant may decide that it is better for your baby to have a general anaesthetic.

The tenotomy is a quick procedure with only a pin prick scar being made.

After the procedure, your baby will spend 2 weeks back in a plaster cast.

When this final plaster cast is removed, your baby is ready for stage 3.

Stage 3

Foot abduction brace [FAB] – (boots and bar) stage.

A separate leaflet is available which gives more details about this stage of the treatment.

- Your baby will be fitted with specially made boots that are joined together by a bar. This is called a Foot Abduction Brace [FAB]
- The FAB holds your baby's feet in the corrected position
- The FAB must be worn for 23 hours every day for three months (12 weeks)
- You can remove the FAB in the evening for 1 hour – during this time you should check your baby's feet and they can have a bath
- After three months, the FAB is worn at night-time – this should be for a minimum of 12-14 hours regardless of whether your child is asleep or awake. It should also be worn if your child has a nap during the daytime in their normal place of sleep
- The FAB should be worn every night until your child is 5 years of age
- A member of the medical team will decide when the FAB is no longer needed

- When your child is ready to wear shoes, they should wear good fitting footwear of your choice during the day

If you are unable 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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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 જોઈતી હોય તો ફપા|કરીને પૂછી. આ માહિતી મોટા છપાણા માં અને અન્ય ભાષામાં ઉપલબ્ધ કરી શકાય છે.

Romanian:

Vă rugăm să întrebați dacă aveți nevoie de ajutor pentru înțelegerea acestor informații. Aceste informații pot fi puse la dispoziție în format mare și 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 ਵੱਲੋਂ ਮਦਦ ਲੈਣੀ ਚਾਹੋਗੇ ਤਾਂ ਕਰਿਪਾ ਕਰਕੇ ਇਸ ਬਾਰੇ ਪੁੱਛੋ। ਇਹ ਜਾਣਕਾਰੀ ਵੱਡੇ ਪ੍ਰਿੰਟ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵੱਲੋਂ ਮੁਹੱਈਆ ਕੀਤੀ ਜਾ ਸਕਦੀ ਹੈ।

Urdu:

دو سر ی زبانوں او ر بڑ ی اگر آپ کو ہی معلومات سمجھنے کے لیے مدد کی ضرورت ہے تو ییچھپیا یں یبھ ابی دست ہو یسکت ہے برا ے مہر یبان پو ےیچھ ہی۔ معلومات

Arabic:

مطبو عة بأ ح ر ف ك ب ي ر ة و ب ل ف ا ت إذا كنت تر يد مسا عة في فهم هذه لمعلو مات ير جى أن تطلب أ خرى يمكنن تو فس ير هذه المعلو مات

Department: Orthopaedics - Fracture Clinic

Division: Surgery

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