

Tibialis Anterior Tendon Transfer (TATT)

This leaflet explains more about a TATT, including the benefits, risks and what to expect when your child comes to hospital.

If you have any further questions, please speak to your surgeon or another member of the team caring for your child.

What is a TATT?

A tendon is a structure that joins muscle to bone. The tibialis anterior tendon joins the tibialis anterior muscle to a bone in the inner part of the foot. During this surgery, it is detached from its original position and reattached to a bone on the outer part of the foot. This helps balance the muscles of the foot.

Why should my child have a TATT?

Your child has been treated for clubfoot but you may notice them walking on the outside part of their foot. This happens when there is a muscle imbalance in the foot and some muscles are weak compared to others. It is important to correct this early to help prevent the foot and ankle becoming stiff and requiring more extensive surgery.

What are the risks?

Any operation carries a risk. The risks are rare but can include infection, changes to sensation and the need for further intervention in the future. All the specific surgical risks will be explained to you by the surgeon and any anaesthetic risks will be discussed with the anaesthetist.

Are there any alternatives?

In the first instance, if there is any loss of range of motion at the foot and ankle, we offer serial casting, however this will not address the muscle imbalance. Strengthening exercises are also recommended from a very young age.

If your child was recommended a TATT it normally means that the alternative treatments were not successful and further input is needed. It is not an urgent intervention but a timely one.

How can I prepare my child for a TATT?

You will receive all the relevant information regarding the date and time of your child's surgery, including where to go and instructions for fasting. Your child may require a few serial casts prior to the operation and that will be arranged with the Ponseti clinic team. You will be informed whether your child is allowed to weight bear after surgery and if they will require a wheelchair or crutches for a period. The surgery is completed as a day-case, meaning that your child will be able to go home the same day once recovered.

Asking for your consent

It is important that you feel involved in decisions about your child's care. You will be asked to sign a consent form to say that you agree to the treatment plan and understand what is involved. You can withdraw your consent at any time, even if you have said 'yes' previously. If you would like more details about our consent process, please ask your child's surgeon or a member of the team.

What happens during a TATT?

The tendon is moved to the outside of the foot and fixed with a button on the bottom of the foot. The button will stay in place for six weeks with a plaster cast over the leg. Weight bearing instructions will be confirmed with your surgeon. If both feet are done at the same time, your child may need a wheelchair for a few weeks after the surgery. We understand this can be difficult in younger children.

Will my child feel any pain?

It is not uncommon for children to report some discomfort. The operation is done under a general anaesthetic, so once your child has woken up it is important to let the medical team know if there is any pain. You will be given specific instructions regarding pain management at home before discharge from hospital.

What happens after a TATT?

Your child might feel a bit sleepy or unsettled immediately after the anaesthesia. They will remain on the ward for a few hours for recovery, during which they will have regular checks by the nurses to ensure they are comfortable, pain-free and that they are safe for discharge. They will be allowed food and drink on the ward. A physiotherapist will see them before or after surgery to confirm weightbearing instructions and help your child practise with crutches or a frame if needed. Most people find it useful to source a wheelchair for use during longer distances. The physiotherapist can advise you on where to get one as this is not supplied by the hospital.

Six weeks after the operation, the cast and button will be removed in clinic. A splint (AFO) is normally issued to wear when weight-bearing for the next two to four weeks,

depending on the surgeon's preference. Your child might be instructed to wear a night splint for a period.

The orthotics team will confirm the date of cast removal and the clinical nurse specialist will provide post operative instructions and a point of contact in case there are any questions or problems at home.

What do I need to do after my child comes home?

After your child is home, they will probably need a few days of rest and pain relief before they can go back to school or nursery. You can discuss the exact timings with your surgeon. After the cast is removed, your child will need a few physiotherapy appointments to assist with rehabilitation. We recommend that in the first few weeks after cast removal they wear trainers, even indoors to help with their walking. They might feel a bit uncomfortable at the sole of the foot, where the tendon was attached. This will improve with time. Your child can gradually resume activities after the cast is removed. They usually can participate in some sports and other activities around two months after their surgery. This will be agreed in detail with your surgeon.

Will my child have a follow-up appointment?

Your child will have one follow up appointment in the orthotics department for a cast removal and fitting of splints. They will then have a physiotherapy appointment a few days after the cast removal. Several weeks later the surgeon will then review your child. The exact dates of these appointments will be given to you before or briefly after discharge.

Useful sources of information

Steps Charity:

[Health Professionals - Charity Work | Steps Charity \(stepsworldwide.org\)](https://www.stepsworldwide.org/)

A charity that provides information about clubfoot and the Ponseti method, as well as a discussion forum for parents.

Contact us

If you have any questions or concerns, please contact:

The Ponseti clinic: 020 8725 1890 email: ponsetiservice@stgeorges.nhs.uk

Orthopaedic Clinical Nurse Specialist: 020 8725 1000 and request bleep no 6021.

For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit www.stgeorges.nhs.uk

Additional services

Patient Advice and Liaison Service (PALS)

PALS can offer you advice and information when you have comments or concerns about our services or care. You can contact the PALS team on the advisory telephone line Monday, Tuesday, Thursday and Friday from 2pm to 5pm.

A Walk-in service is available:

Monday, Tuesday and Thursday between 10am and 4pm

Friday between 10am and 2pm.

Please contact PALS in advance to check if there are any changes to opening times.

The Walk-in and Advisory telephone services are closed on Wednesdays.

PALS is based within the hospital in the ground floor main corridor between Grosvenor and Lanesborough Wing.

Tel: 020 8725 2453 **Email:** pals@stgeorges.nhs.uk

NHS Choices

NHS Choices provides online information and guidance on all aspects of health and healthcare, to help you make decisions about your health.

Web: www.nhs.uk

NHS 111

You can call 111 when you need medical help fast but it's not a 999 emergency.

NHS 111 is available 24 hours a day, 365 days a year. Calls are free from landlines and mobile phones.

Tel: 111

AccessAble

You can download accessibility guides for all our services by searching 'St George's Hospital' on the AccessAble website (www.accessable.co.uk).

The guides are designed to ensure everyone – including those with accessibility needs – can access our hospital and community sites with confidence.



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