**Achilles Tenotomy: Information for parents**

Once the casting process is complete, a minor operation called an Achilles tenotomy is then required for the majority of children. This is needed as the Achilles tendon is tight and needs to be lengthened in order to gain a good position of the foot.

If your child needs an Achilles tenotomy, a surgeon performs the operation either in theatre or within a clinic setting. After the operation your child will have another cast for three weeks whilst the tendon heals.

**Before your child’s appointment**

* We remove your child’s cast and wash your child’s feet.
* About 15 to 30 minutes before surgery, an anaesthetic cream is applied to the back of your child’s foot and this is then covered with a clear dressing. This numbs the skin where the operation will be performed.
* It is helpful to hold off on feeding your child while waiting for the operation. Then we can soothe your child by giving a bottle during the operation.
* In addition to your child’s bottle, bring other items that might help soothe your child, such as a dummy or familiar toy. Extra nappies may also be required.

**During the Tenotomy**

* Your child will be in the clinic room for about 30-45 minutes. Performing the tenotomy takes only a few minutes per foot. The rest of the time is spent preparing the incision site and applying a cast afterwards.
* The anaesthetic cream applied earlier numbs the incision site where we then inject a local anaesthetic.
* To perform the tenotomy, the consultant uses a small scalpel to cut through the Achilles tendon. The small incision does not require stitches to heal. After the tendon is cut, we apply a cast (or casts) to your child’s leg(s).

**After the Tenotomy**

* Afterwards there might be a spot of blood or Betadine (a brown cleaning solution) on your child’s cast. This is normal up to the size of a penny. Check the heel area of your child’s cast several times per day. If the spot increases to larger than a 50 pence piece please contact the department.
* During the first 24 to 48 hours afterwards, keep your child’s foot (or feet) elevated on pillows or a towel to help to keep your child comfortable.
* Your child might be fussy for the first 24 hours after the tenotomy. You may give calpol (as directed by your surgeon) to help ease any pain or discomfort your child might feel. (Follow directions on the label to make sure you give the correct dose for your child’s weight.)
* For the first 2-3 days after the tenotomy, check circulation several times per day (as you’ve done after each cast change during the Ponseti casting process). Touch your child’s toes; they should turn white and then pinkish in 3-6 seconds. If the toes are discoloured, try changing the position of the leg.

**When to call:**

Contact the department if you notice:

* Cast problems (These can be very serious, especially if they affect the leg or foot’s movement, sensation or circulation.)
* Your child acting irritable for no apparent reason
* Change in toe colour or temperature
* Increased swelling of toes that isn’t relieved by elevating the leg
* Skin irritation or rashes
* Toes that appear to have slipped back into the cast
* The cast seems too tight or too loose (moving up or down)
* Cracks in the cast
* The cast is damp or wet
* A foreign object inside the cast that you can’t remove with your fingers
* Foul smelling odour from the cast (Smell your child’s toes occasionally to check for odour.)
* A fever of 38.5 degrees or higher- with no other apparent cause

**Your child’s next appointment**

We’ll make an appointment for you to return in three weeks after the tenotomy and casting are done. At that appointment, we’ll remove the cast(s) and discuss the next step of clubfoot treatment: the foot abduction brace.

**Contact details**

**Telephone:** 0208 725 1890 / 0208 725 1902

**Email:**

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