

# Tenotomy in the Older Child

**This leaflet explains more about the tenotomy procedure, 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 tenotomy?

A tenotomy is a type of surgery where the tendon in the back of the ankle is cut. A tendon is a structure that joins muscle to bone and the Achilles tendon joins the gastrocnemius (calf) muscle to the calcaneum (heel bone). During tenotomy surgery, the Achilles tendon is lengthened by fully cutting through it which in turn helps to improve the movement in the ankle, before being supported in the corrected position in a cast. Your surgeon can explain in more detail how much movement you might be able to expect for your child depending on their individual history.

## Why should my child have a tenotomy?

In 95% of cases babies born with clubfoot will need a tenotomy to fully correct the position of the foot because the Achilles tendon is too thick to stretch with casts alone. Despite following the Ponseti Method of correction and maintenance, some children experience a relapse of their clubfoot in one or more aspects when they are older; if their tendon becomes tight / short again you may notice your child doesn't have as much movement in their ankle as they used to do. The ability to move the ankle up towards the leg is very important for walking, jumping and for lots of activities and games that children play.

It is important to correct the tight / short tendon to help prevent the foot and ankle becoming stiff and requiring more extensive surgery. In general, tenotomies are only able to be performed a limited number of times due to the scar tissue that forms.

## 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. If your child had a tenotomy when they were under six months old, it was likely this was performed under local anaesthetic only. Children over six months old will require a general anaesthetic for a tenotomy procedure. 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, the physiotherapy team can offer exercises, stretching and serial casting if required. If your child was recommended a tenotomy 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 tenotomy?**

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 physiotherapy team. The cast/s will be removed by a staff member on the morning of surgery. 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 tenotomy?**

Your child will see the anaesthetist and surgeon before going into theatre where they will be given a general anaesthetic. The surgeon will then perform the tenotomy: the tendon is cut all the way through, the ankle is moved into the desired position and your child will then be placed into a plaster cast for up to six weeks. This timeframe will depend if the surgery was a tenotomy only or if it was alongside another surgery as well (for example a tendon transfer). Weight bearing instructions will be confirmed with your surgeon.

## **Will my child feel any pain?**

Some children may 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 tenotomy?**

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 your child before or after surgery to confirm weightbearing instructions and to help your child practise walking with crutches or a frame if needed.

Up to six weeks after the operation, the cast will be removed in clinic. Your child might be instructed to wear a night splint for a period which will be discussed with you on an individual basis.

The 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.

If both feet are done at the same time, your child may need a wheelchair for a few weeks after the surgery if you are travelling longer distances. We understand this can be difficult in younger children. The physiotherapist can advise you on where to get one as this is not supplied by the hospital.

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

After your child is home, they may 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.

They might feel a bit uncomfortable at the back of the ankle where the incisions were. This will improve with time. Your child can gradually resume activities after the cast is removed.

## **Will my child have a follow-up appointment?**

Your child will have an appointment to remove the casts and they will then have a physiotherapy appointment a few days after the cast removal. The exact dates of these appointments will be given to you before or briefly after discharge.

## **Useful sources of information**

[Ponseti \("Clubfoot"\) Service - St George's University Hospitals NHS Foundation Trust \(stgeorges.nhs.uk\)](http://stgeorges.nhs.uk)

<https://www.stgeorges.nhs.uk/service/trauma-and-orthopaedics/orthopaedic-outpatient-service-children/ponseti-service/awards-and-research/>

Steps Charity:

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

**Paediatric Physiotherapy Department:** 020 8725 1902

**The Ponseti clinic:** 020 8725 1890 email: [ponsetiservice@stgeorges.nhs.uk](mailto: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](http://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](mailto: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](http://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](http://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.

