

Rectus Transfers/Resection

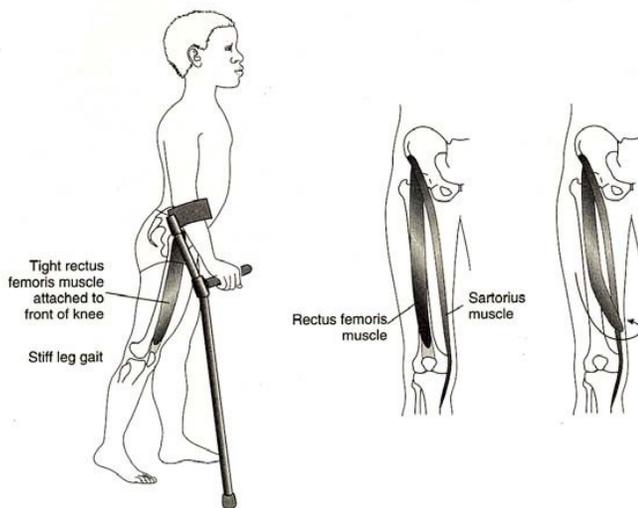
Why does my child need this surgery?

Extremely tight muscle tone (spasticity) can pull on the quadriceps, a large group of muscles in the front of the thigh. One muscle in particular, the rectus femoris, is most likely to be affected. The rectus femoris lies across the front of the knee. Spasticity in this muscle can cause a stiff knee. A walking child with this problem has a hard time bending the knee to swing it forward. They walk with a stiff knee and often drag their toes.

Children in a wheelchair can have problems sitting if their knees are stiff and won't bend, causing the legs to stick out in front.

What happens during the surgery?

The surgeon separates the rectus muscle from the other three muscles of the quadriceps. The surgeon may cut (resect) the rectus tendon that attaches to the rectus muscle or transfer (attach) the rectus tendon to the sartorius (also called semitendonosis) muscle on the inside of the thigh. This helps loosen the hamstring at the back of the knee so the knee can bend. Children who have severe problems with sitting and stiff knees may need additional procedures.



What is the incision like?

A cut is made on the front of the leg just above the knee. This incision is vertical and usually about two inches long.

What happens after surgery?

Bandages will cover incisions. Your child will probably not need a cast or other restraint to keep the knee still. If this was the only surgical procedure, they will probably stay in the hospital one night. However, most children with this type of problem often need several procedures at the same time. Their hospital stay will be longer.

Will my child be able to walk?

Yes. Children who walked before their surgery will be able to walk after surgery. But in the beginning, they may need a walker or crutches. Your child's care team will advise you.

Will my child be able to ride in the car?

Yes, car rides should be no problem.

Will my child have pain?

Yes, your child will need pain relievers and muscle relaxants at first. Our staff is trained to help make patients as comfortable as possible. Once you go home, please call the office if pain is a problem or the pain medication your child's doctor prescribed causes side effects.

Will my child need physical therapy?

Yes, the therapist will see your child in the hospital and you will be given a prescription to continue physical therapy after your child goes home. Therapy will focus on stretching, strengthening, and helping a walking child walk again. A Nemours social worker will help you arrange therapy. You can help by asking your insurance provider in advance what your coverage is for physical therapy. Please try to do this before surgery if you can.

When will my child need to return to see the doctor?

The first visit is usually four weeks after surgery. If a rectus transfer or resection was the only procedure your child had, they will not need an X-ray at this visit.

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When will my child be able to return to school and the school bus?

This varies. If this was the only surgery your child needed, they may be ready to ride the bus and be at school all day after one to two weeks at home. A lot depends on the child's comfort at school, how far they travel on the bus and whether the school can help make things easier during recovery. If your child had several procedures at the same time, it may take two to four weeks before they're ready to go back to school.

How long will it be until my child has completely recovered?

Recovery is different for each child and may be longer if several procedures were done at once. In general, it takes three to six months for complete healing.

Will this surgery ever need to be repeated?

It is hardly ever repeated. The exception is if significant scar tissue develops — but this is rare.

What are the possible complications associated with this surgery?

The main complications include infection and/or a wide scar. Treatment for infection is usually simple and seldom delays recovery.