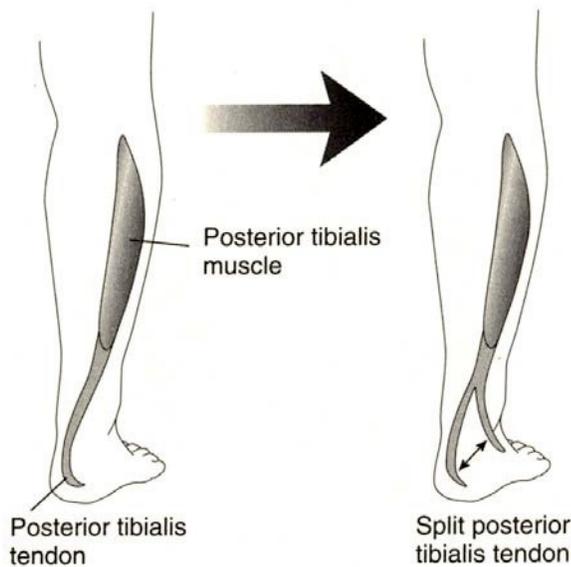


Split Tibialis Posterior Tendon Transfer

Why does my child need this surgery?

Extremely tight, pulling muscle tone (spasticity) can cause the muscles of the foot to become unbalanced, making standing very difficult. For example, a child with Achilles tendon spasticity may also experience tightness in the posterior tibial tendon on the inside of the foot. This pulls the foot inward and down, so the only way the child can stand or walk is on the outside of the foot. A child without Achilles tendon tightness may also experience spasticity in the tibial tendon.



What happens during this surgery?

The surgeon's goal is to balance the inward and downward pull on the foot caused by unbalanced muscle pull. To do this, the surgeon splits the stronger tibialis posterior tendon lengthwise. Then one half of the tendon is pulled across the back of the ankle and attached to the weaker peroneal tendon on the outside of the foot. Once this is done, the tibialis posterior tendon is half as strong, and the tendon on the outside of the foot is more equal to it in strength. Imagine a bridle on a horse, with equal pull on the left and right side of the horse's mouth. After surgery, your child will experience a more normal foot placement.

What are the incisions like?

The surgeon makes two small cuts, one on the inside of the foot and one on the outside. The edges of the incisions are sewn together with self-dissolving suture thread that does not have to be removed.

What happens after surgery?

Immediately after surgery, your child will be put in a short leg-walking cast. As soon as they are comfortable, walking will begin. Full weight bearing is allowed and encouraged. The cast will stay on for four weeks. A cast technician will remove it at your child's first visit after surgery.

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 be able to walk and do other activities once we go home?

At first, your child will need a little help to stand and walk, especially if other muscles or bones have been treated during surgery. Most children walk in their cast within a week after surgery. Most other activities are okay as long as the cast does not get wet.

Will my child be able to ride in the car?

Yes. Car rides should be no problem.

Will my child need physical therapy?

Yes. In the beginning, physical therapy will help your child learn how to walk in the casts. After the casts come off, therapy will focus on walking correctly (gait training) and stretching to keep muscles loose. A 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 even before surgery if you can.

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When will my child need to return to see the doctor or get X-rays?

You will be asked to bring your child back four weeks after surgery so the cast can come off. Some children will need a brace to hold the foot in place during the healing period.

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

This varies. It usually takes at least one to two weeks before a child is comfortable enough to ride the bus and be at school all day. Everything 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.

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

If split posterior tendon transfer was the only surgical procedure, complete recovery should take three to six months.

Will this surgery ever need to be repeated?

Some children may need another procedure as they grow.

What are the possible complications with this surgery?

Complications are rare and usually minor. An example would be a skin infection at the incision site. Sometimes, but rarely, the piece of tendon that was wrapped across the heel can tear. Usually, the doctor can sew this piece back in place. There is a small risk of over-correcting the imbalance in the foot. Your child's surgeon will be very careful to avoid this more serious complication.