

# CAVOVARUS FOOT RECONSTRUCTION SURGERY

## SURGERY INFORMATION

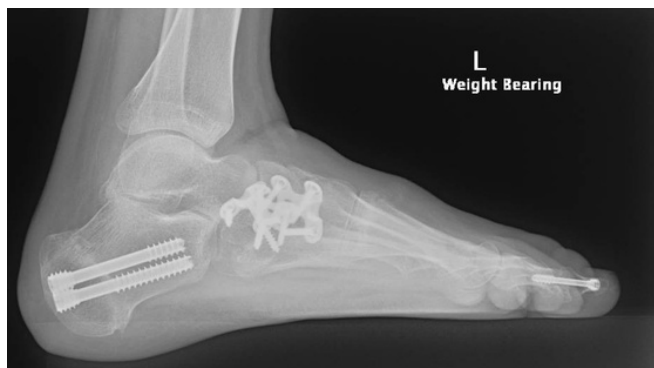


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## THE SURGERY

The surgery is not a single procedure but a collection of surgical techniques tailored to each patient's condition. Common procedures include a combination of:

- Osteotomy: Realigning or reshaping the bones to help restore lower the arch and shift the heel
- Tibialis posterior tendon transfer from the inside to the top of the foot
- Soft tissue procedures: releasing the tight plantar fascia, tendoachilles lengthening
- Sometimes bone graft from another part of the body (often the pelvic bone near the hip) is used
- Xrays are used in theatre to make sure the bones are aligned correctly, and there is a tourniquet placed around the thigh to help with bleeding
- The surgery can take 90 to 120 minutes



Post operative xray of cavovarus foot reconstruction



## THE HOSPITAL STAY

- You wake up with a **half plaster (backslab) or a boot**
- Your foot will be elevated overnight, and you have antibiotics through a drip
- You will either blood thinning medication to help prevent DVT and vitamin C to help with wound healing
- You will stay in hospital for **2-5 days** with antibiotics, blood thinners, regular paracetamol, regular laxatives, regular vitamin C and stronger pain killers to take if and when required
- You will be only allowed to **touch your foot to the ground for 6 weeks**
- Depending on your balance and strength, you may need rehabilitation post operatively
- Buying a second hand **knee scooter** pre operatively (can search online) and practicing at home before the surgery, can be helpful; please bring it into the hospital with you. It is easier to use a knee scooter than crutches

## WHEN YOU GO HOME

- You will need **medications** for pain relief; regular paracetamol (2 tablets four times a day) is recommended, as well as strong pain killers, especially at night before bed. These can have side effects of drowsiness, nausea and constipation, and other tablets to help with these side effects may be required.
- You will need to take **blood thinners and vitamin C** as prescribed
- You will need a shower chair and bags to **keep the plaster dry**
- You will need to attend your **post op appointment** in 2-3 weeks where the wounds will be checked and your plaster changed to a waterproof cast if your wounds are healed
- After this you will be able to shower with a shower chair and get the plaster wet

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## REHABILITATION

All patients are different. These timelines are only a guide, and some patients may progress faster or slower than others.

0-2 weeks	<ul style="list-style-type: none"><li>You will be in a <b>backslab or moonboot for 2-3 weeks</b></li><li>You will only be allowed to <b>touch</b> your foot to the ground for balance.</li><li>Please keep your foot <b>elevated</b> and out of bed for toilet only</li><li>You will need to bag the leg for showers</li><li><b>Pain relief:</b> Please take regular paracetamol with meals and before bed; stronger pain killers are often needed, especially before bed</li><li>Please take blood thinners and vitamin C as prescribed</li></ul>
2-3 weeks	<ul style="list-style-type: none"><li><b>Post op appointment:</b> dressings are changed and an xray is taken</li><li>You will then go into a <b>full cast</b> (often waterproof if the wounds are ok) or stay in the moonboot full time for another 3-4 weeks</li><li>You will still need to elevate the foot at rest</li><li>You can start static strengthening leg lifts with <b>physiotherapy</b></li></ul>
6 weeks	<ul style="list-style-type: none"><li>You will have a check xray</li><li>If you have a cast, it will be removed and you <b>can start weightbearing in a boot</b> for 6 weeks</li><li>You can continue isometric tibialis posterior strengthening and active range of movement with <b>physiotherapy</b></li></ul>
12 weeks	<ul style="list-style-type: none"><li>You will have another check <b>xray</b>;</li><li>You can start weight bearing without the boot if you can fit into normal shoes (rocker bottom shoes with a medial arch support)</li><li>You can start <b>swimming and cycling</b></li><li>You can commence eccentric tibialis posterior strengthening with physio</li></ul>

## WHEN CAN I DRIVE?

- Left foot 3 weeks (if driving an automatic car)
- Right foot 12 weeks

## WHEN CAN I RETURN TO WORK?

- Seated work at 2-3 months
- Prolonged standing 6-9 months
- Heavy labour work 12-18 months

## WHAT CAN GO WRONG?

- Anaesthetic problems
- Nerve injury
- Blood clots
- Infection
- Stiffness
- The osteotomy does not heal (non union)
- The osteomy heals in the wrong position (malunion)
- Ongoing pain
- Arthritis
- The need for further surgery

## CONTACT

If you want more information, or have any questions or problems, please contact Dr Graff on [admin@christygraff.com](mailto:admin@christygraff.com) or please call the rooms on **0493 461 133**