

Your son/daughter has been scheduled to undergo *foot reconstruction* for a foot deformity that is causing pain and difficulty with brace wear and walking. The procedure may involve some or all of the following: calcaneal lateral column lengthening, calcaneal tuberosity slide osteotomy, medial cuneiform osteotomy, calcaneal-cuboid joint fusion, subtalar fusion, and soft tissue lengthenings, shortenings or transfers. During surgery, a cut will be made in the heel, and the bone will be placed in a straight position. The heel will be held in place with either a staple or a plate and screws. An additional cut may be made in the medial cuneiform bone to restore the foot's arch. This bone will also be held in place with a staple or a wire. In some circumstances, the subtalar and/or the calcaneal-cuboid joint will be fused to decrease any motion between the two bones and ensure that the foot remains straight. These bones will be fused together with large screws, staples or a plate and screws. Lastly, certain tendons will be lengthened and others may be shortened so the foot rests in a neutral (straight) position. Surgery will last approximately 2.5 hours/side, and your child will receive general anesthesia with or without regional nerve blocks, which you will discuss with your anesthesiologist on the day of surgery. If you decide on the nerve blocks, they will be placed once your child is under anesthesia.

Postoperatively, your child will stay 1-2 nights in the hospital for pain control. You are allowed to stay with your child in the hospital. Your child will wake up in a short leg cast(s). The cast that is placed in the OR will remain in place for 4 weeks, and your child will be allowed to weight-bear for standing transfers only (from bed to wheelchair, for example). They will then be transitioned to a weight-bearing short leg cast for an additional 4 weeks after a cast-change and fitting for post-operative braces. During the hospital stay, you and your child will work with our physical therapist on transfers (from bed to wheelchair, for example). You will be discharged from the hospital with a wheelchair and walker or crutches to use for the 8 weeks following surgery. Your child will likely require a walker for these 4 weeks, even if he/she did not use a walker before surgery. Physical therapy will start 8 weeks after surgery. Physical therapy will include strengthening and task-based gait training to maximize functional benefits of surgery. You will receive a prescription at your first post-operative visit.

You will be discharged from the hospital with Ibuprofen, Tylenol, Diazepam and Oxycodone. If your son/daughter develops fevers, chills, increase in pain, or redness/swelling/discharge at the incision site, please contact Dr. Thompson immediately. We will see you back in clinic 4 weeks after surgery for clinical evaluation and x-rays.

- **Surgery Time:** Approximately 2.5 hours/side
- **Hospital Stay:** 1-2 Nights
- **Equipment:** Short Leg Cast
- **Post-operative Medication:** Ibuprofen, Tylenol, Diazepam, Oxycodone
- **Weight-bearing Status Post-Op:** Only for Transfers
- **Physical Therapy:** Starts at 8 Weeks