

# Cavovarus Foot Reconstruction

## INTRODUCTION

A cavovarus foot is characterised by a high arch, inverted heel and claw toes. Cavovarus foot reconstruction surgery aims to realign the heel bone, decrease the height of the arch and improve tendon function. The surgery can involve multiple procedures depending on the specific nature of your foot.

## THE SURGERY

Cavovarus foot reconstruction surgery can involve a number of steps:

- General anaesthetic, nerve block and IV antibiotics
- Tourniquet around the thigh
- Calcaneal osteotomy: realignment of the heel bone (calcaneum) and internal fixation with two screws
- 1st Metatarsal osteotomy: realignment of the 1st MT and internal fixation with screws/staples/plate
- Achilles tendon lengthening
- Plantar fascia release
- Peroneus longus to brevis tendon transfer
- Other tendon repairs, releases or transfers
- Claw/hammer toe corrections
- Check X-rays
- Closure of incisions with sutures
- Local anaesthetic block
- Surgical camboot (VACOCast)

## GUIDELINES FOR POST-OP RECOVERY

### HOSPITAL ADMISSION

- In hospital for 1 night, IV antibiotics

### FIRST 2 WEEKS

- Elevate foot and rest
- Strictly NON-WEIGHTBEARING in surgical boot
- Mobilise with knee scooter/crutches/frame
- Boot and dressings to stay dry and intact
- Strong painkillers as required
- Aspirin 100mg and Vitamin C 1g per day
- Antibiotics for 5 days
- Wiggle toes to encourage circulation

### 2 WEEK POST-OP APPOINTMENT

- Review by nurse & removal of dressings and sutures

### WEEKS 3-6

- PARTIAL-WEIGHTBEARING in boot
- Surgical boot on at ALL times, including in bed, except for physio/exercises & showers (seated with shower chair)
- Mobilise with knee scooter/crutches/frame
- Elevate foot when resting
- Continue Aspirin & Vitamin C
- Physiotherapy review (arrange first appointment for 2-5 days after the 2-week post-op check)
- **PHYSIOTHERAPY:**
  - Commence partial weightbearing *up to 30kgs* as tolerated
  - Gentle active ankle plantarflexion/dorsiflexion and toe flexion/extension
  - NO inversion/eversion
  - General upper body, core, hip and knee exercises
  - Soft tissue massage and scar mobilisation

### 6 WEEK POST-OP APPOINTMENT

- X-ray and review by Dr Zilko

### WEEKS 7-12

- **PHYSIOTHERAPY:**
  - Transition to full weightbearing and wean out of boot into normal supportive gym shoes
  - Passive and active ROM of ankle & foot joints
  - Peroneal activation and strengthening
  - Gait re-training
  - Exercise bicycle in boot/normal shoes
  - NO open chain impact exercises
  - Continue lower limb strength and conditioning

### 12 WEEK POST-OP APPOINTMENT

- X-ray and review by Dr Zilko

### FROM 12 WEEKS

- **PHYSIOTHERAPY:**
  - Continue lower limb strength and conditioning
- **PODIATRY:** New orthotics with small lateral hindfoot post and minimal medial arch support

Full recovery is usually 9-12 months.

*Every patient's recovery is individual and depends on the severity of the injury/disease and complexity of the surgery.*

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