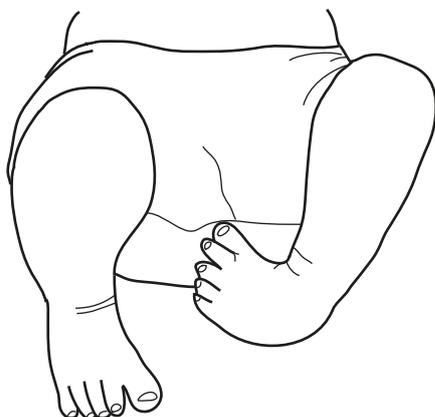


The Ponseti Method for Treating Clubfeet

What is clubfoot or talipes?

A clubfoot is a deformity that is present at birth. It is also known as congenital talipes equino varus (CTEV), which describes the position of the foot. The bones of the foot can be abnormal in size and position and the soft tissue structures of the foot can be tight. One or both feet may be affected.



What causes clubfoot?

At present the cause is unknown, although research to find a cause continues. There are likely to be several combined factors such as position in the womb and genetic factors. One child in every thousand will be born with a clubfoot with no other associated abnormalities.

Ponseti treatment

This is a method of treatment that aims to correct your child's clubfoot so that at the end of treatment:

- it is fully functional;
- looks as normal as possible;

- is pain free;
- your child is able to wear normal shoes.

Treatment should start as soon as is practically possible.

The foot is gently manipulated and a cast applied in a moulded position. This goes from the toes to the top of your baby's thigh.



If possible it is a good idea to give your baby a milk feed at the same time that the cast is being put on. This helps to relax them.

Care while your baby is in plaster

- Check that toes are warm and pink. If they stay white and cold (compared to other foot) the plaster must be removed as soon as possible by the Aftercare Team. If it is a weekend you will need to take your baby to Accident and Emergency for this to be done. It is also possible to soak the plaster off in warm water.
- The plaster may need to be reinforced if it gets soft and cracked. Try not to get the plaster wet, as this will make the plaster soft and may also lead to skin irritation. As bathing will not be possible, the Aftercare Team can advise on the best way to keep your baby clean.
- Your baby is likely to settle very quickly in the new plaster. However, if your baby is distressed the Aftercare Team will check whether the plaster is the likely cause and change it if necessary.

The Aftercare Team will change the cast weekly (for 5-7 weeks). Each new cast moulds the foot in a new position by gradually stretching the soft tissues in the foot. You will be able to see how your baby's foot is correcting each time the cast is taken off.

The cast will be removed with a plaster saw. This is noisy but very safe.

Often, a small surgical operation (Achilles tenotomy) is performed to release the tight heel cord at the back of the foot. This brings the heel down and the foot into a normal position.

This procedure is performed under a general anaesthetic. The exact process will be explained to you if and when it is thought necessary. A final cast is usually applied for a further 2 weeks.

At the end of the cast treatment your baby will need to wear special boots attached to a bar. These boots **MUST** be worn day and night for 3-4 months, followed by wearing them at night and daytime naps for as long as possible (approximately 4-5 years).

This part of the treatment programme is as important as the initial casting and tenotomy.

Recurrence of your baby's foot deformity is more likely if the boots are not worn.

Helpful tips whilst your baby is in the boots and bars



- Use 2 pairs of socks.
- Expect your child to be slightly irritable initially. This is not because the boots are painful but because they are something new and different.

- Play with your child in the boots and make them a part of their routine - this will help them to accept the boots and bars.

If your child is slipping out of the boots and the heel is not down, try one or more of the following:

- Tighten the strap by one more hole.
- Tighten the laces.
- Remove the tongue of the shoe.
- Try lacing the boots from top to bottom so that the bow is by the toes.
- Using 'Tote' type slipper socks can help prevent slipping.

Outcome

Please be reassured that your child will be able to walk and will usually wear normal shoes.

Over 90% of babies are treated successfully with only an occasional need for further surgery.

Throughout the treatment your child will be seen regularly. This will give you the chance to see how your child's foot is correcting and will give you plenty of opportunities to discuss questions and concerns.

In between clinic visits, if you need advice, please contact:

The Aftercare Team
01392 403509

The Trust cannot accept any responsibility for the accuracy of the information given if the leaflet is not used by RD&E staff undertaking procedures at the RD&E hospitals.

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