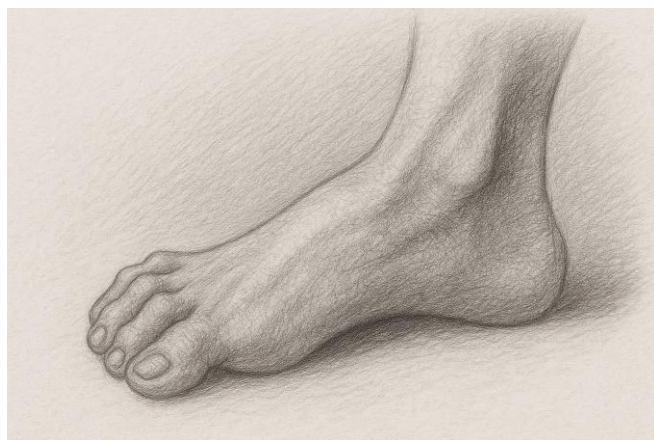




Cavovarus Foot

Introduction

Cavovarus foot is a complex deformity characterized by a high arch (cavus) and an inward turning of the heel (varus). This condition can lead to significant pain, instability, and difficulty walking. Surgery is often recommended to correct the deformity and improve function. This leaflet provides detailed information about the pathology of cavovarus foot and the surgical management options available.



Pathology of Cavovarus Foot

Causes

Cavovarus foot can be caused by various underlying conditions, including:

- **Neuromuscular Disorders:** Conditions such as Charcot-Marie-Tooth disease, cerebral palsy, and poliomyelitis can lead to muscle imbalance and foot deformities.

- **Congenital Conditions:** Some individuals are born with structural abnormalities that predispose them to cavovarus foot.
- **Trauma:** Injuries to the foot or leg can result in deformities that develop into a cavovarus foot.
- **Idiopathic:** In some cases, the cause of cavovarus foot is unknown.

Symptoms

Patients with cavovarus foot may experience a range of symptoms, including:

- **Pain:** Pain is often felt in the ankle, heel, or the ball of the foot due to abnormal pressure distribution.
- **Instability:** The inward turning of the heel can cause instability and frequent ankle sprains.
- **Calluses and Ulcers:** Abnormal pressure points can lead to the development of calluses and ulcers, particularly on the lateral aspect of the foot.
- **Difficulty Walking:** The deformity can make it challenging to walk, leading to an altered gait and increased fatigue.

Management of Cavovarus Foot Surgery

Preoperative Assessment

Before surgery, a thorough assessment is conducted to evaluate the extent of the deformity and plan the appropriate surgical approach. This includes:

- Clinical Examination: A detailed examination of the foot and ankle to assess muscle strength, range of motion, and areas of pain.
- Imaging Studies: X-rays, MRI, or CT scans may be used to visualize the bones and soft tissues and guide surgical planning.

Neurological Evaluation: Assessment of any underlying neuromuscular conditions that may affect surgical outcomes.

Surgical Treatments

When non-surgical treatments are ineffective, surgical intervention may be necessary. Surgical options for flat foot reconstruction can be divided into 2 broad categories:

- Joint sparing surgery (covered below)
 - Osteotomies
 - Tendon transfers
 - Calf lengthening and plantar fascia release
- Joint sacrificing surgery (covered in hindfoot fusion)

What will my surgery entail?

- Surgery usually requires a single overnight stay.
- The anaesthetist will talk to you about the different anaesthetic options available to you ensuring that it is individualised to your specific wants and needs.
- Each patients' cavovarus foot surgery is specifically tailored to their needs and will vary subtly.
- The operation may include one or more of;

- Osteotomies – a bone is broken repositioned and then held in place with a screw or plate
- Tendon transfers – a tendon or part of a tendon is cut and moved to a different part of the foot to perform a different function
- Calf lengthening – the calf muscle or Achilles tendon is cut and lengthened.
- Plantar fascia release – cutting the plantar fascia in the sole to prevent it being a deforming force.

- The incision are closed and the foot is wrapped in a partial plaster for 2 weeks. You will need to be non-weightbearing for a total of 6 weeks following surgery. You will usually be provided with anticoagulation medication for these 6 weeks.

What can I expect post-operatively?

- After 2 weeks you will require a wound at which point the plaster can be removed. At this point the wound will most likely be healed but you may require a few more days with a small dressing on to ensure that the wound is fully healed.
- You will be provided with a moonboot and you can start some gentle ankle movements but must remain strictly non-weight bearing.
- At 6 weeks following surgery you will require a weight bearing X-ray of your foot to confirm that the bones are healing well. They are not expected to be fully healed at this point.

- If all is well at the 6 weeks check you can start to weight bear in the boot for an additional 6 weeks. At the end of this 6 week period you will be able to return to normal shoes.
- It is normal for the foot to remain swollen for 3-6months following surgery.
- It is normal for you to experience some pain in the toe from time to time for the first 3 months. You are expected to return to your normal level of function at 4-6 months.