Management of the Neglected Clubfoot Deformity

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Warning- medical photography that may be very unpleasant
For the ones

- That escaped Ponseti
- That didn’t work with or couldn’t be bothered with Ponseti
- That Ponseti didn’t apply
- Or that you silently screamed O dear under your breath.
At the risk of labouring the point

- If its too simple to be true. It probably is that simple.
- It is biology.
- The simplicity of Ponseti’s technique is why it took so long to accept.
The deformities are severe
Cavus adduction varus supination
Severe tibio-talar plantar flexion

Medial talar neck inclination

Adducted and inverted calcaneus

Severe medial displacement of navicular

Wedge shaped navicular

Wedge shaped distal calcaneal articular surface.

Medially displaced cuboid

Wedge shaped head of talus
You can stretch
Syndromic TEV

- Spina bifida
- Sacral agenesis
- Fetal alcohol syndrome
- Congenital myopathy
- Downs syndrome
- Arthrogryposis
- Lots of syndromes with this include Freeman Sheldon, Beals, Gordons etc.
Ponseti recurrence

- Engagement with treatment Education, Education if Educable
- If They wont use boots and bars it will relapse. The more severe ones will probably relapse anyway.
- If the Peroneals don’t develop quickly it will relapse.
Tibialis anterior tendon transfer

- Age over 3. I do it after 4
- Dynamic supination of foot with severe intoeing
- Move the whole tib ant and put it into a decancellised cuboid
- Non weight bearing cast for 6 to 8 weeks.
Older children

- Will definitely need surgery but do ponseti first to get as much correction as you can.
- Then will need various osteotomies and fusions as required.
- Principles are plantigrade painless and shoeable foot.
- Wreck as few joints as possible. They’ve still got the rest of their lives ahead of them.
Clapping feet not happy feet....yet
These are not the worst
Single stage correction
Happiness
If it looks right.....
All done
Don’t forget the plaster
Principles for severe/neglected cases

- Get a plantigrade foot
- Damage as few joints as possible
- Don’t cut off the foot.
- Tendons
- Joint capsules
- Ligaments
- Excisions e.g Astragalectomy for syndromic ones
- Stable fixation
Now what?
This needs something else
Preparing for correction
A Corrective extended a Lacarte triple fusion
At surgery
Held with K-wires
Correction
Another case
More deformities
Forefoot deformity
Not every clubfoot is a clubfoot
Thank you