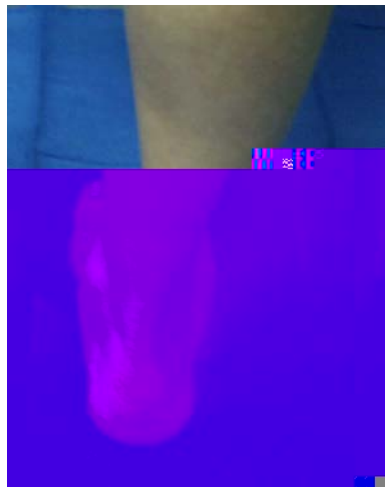


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## **Cavovarus Foot**

Cavovarus foot or pes cavus commonly referred to as high arches is characterized by a high arch with an inverted heel. This is a common foot variant for which there are many causes including idiopathic, congenital, post-traumatic, or hereditary neuropathy (CMT). Patients may report lateral foot pain as there is increased stress along the lateral border on the foot or a history of multiple ankle sprains as the inverted heel increase the tendency for the ankle to roll. The added stress on the lateral border of the foot often leads to stress fractures of the 5<sup>th</sup> metatarsal. Clawtoe or Hammertoe deformities as well as Hallux cock-up deformities are commonly associated with cavovarus feet and may lead to discomfort under the ball of the foot (metatarsalgia). Shoe modification such as a lateral flare, orthotics and/or bracing such as an Ankle Foot Orthosis may be prescribed; however, when these conservative means of treatment fail, surgical treatment may be considered to correct the deformity.



Normal Heel



Varus Heel

**Procedure:** The goal of surgical treatment is to correct the malalignment of the hindfoot. This is done by making corrective bony cuts in the heel bone called a Dwyer Osteotomy. The Osteotomy is fixated with a screw or staple which will remain in the foot. Releasing the contracted soft tissues

During the period when strict elevation is required (the first ten days) you will need help with activities of daily living such as laundry, cooking, and cleaning. Please plan ahead and consider having friends or family stay with you. Driving is contraindicated during the acute post-operative recovery phase and may be prohibited for a longer period of time if your right foot requires immobilization. Showering will also be difficult during the recovery phase as you are unable to place weight on the surgical leg and cast/dressing needs to be kept clean and dry. Consider the use of a shower chair and/or hand held shower head. You will need to protect the leg by leaving it outside the shower as well as using bags or a plastic cast sleeve (brochure available in cast room) to ensure dressings remain dry.

## **Postoperative Visits**

### **Day 0-10**

- xInpatient procedure: The Procedure takes about 2-3 hours. Patients may require an overnight stay in the hospital following the procedure.
- xAnesthesia: This is done under a general anesthetic. A popliteal block, which injects local anesthetic behind the knee, may also be administered pre-operatively to enhance post-operative pain control.
- xDressings: Following the procedure, a bi-valved cast or splint will be applied to the lower leg. This dressing is to be kept clean, dry and left in place until you return to clinic.
- xNon-weightbearing: To ensure optimal surgical results, you will be unable to bear weight on your operative side. The use of crutches or walker is required. Activities are strictly limited during this time.
- xElevation: Strict elevation above heart level (toes above the nose) for the first ten days is important to your recovery as it helps to minimize pain and swelling. Swelling can adversely affect the soft tissue by placing increased tension on incisions putting them at increased risk for dehiscence.
- xPain Control: Pain medications will be prescribed to be used as needed. Pre-Operative nerve blocks can last between 8 to 12 hours; however, waiting to take pain medication until the block has completely worn off can result in increased breakthrough pain which can be difficult to manage. Please plan accordingly and take your medication promptly when sensation begins to return to the foot usually indicated by a tingling sensation in the toes or mild discomfort at the surgical site. Pain medications may be taken on a scheduled basis in the early post-operative recovery phase as this is when the pain is most intense.

### **Day 10 – First Post-Operative Visit**

- x First postoperative visit with non-weightbearing x-rays, suture removal, application of cast.
- x Cast will remain on until week 6. This is necessary to allow for tendon and bony healing. Until then, cast must be kept clean, dry, and out of shower
- x Continue with non-weightbearing on operative leg and limited activities
- x May elevate extremity as needed

