

FACTSHEET



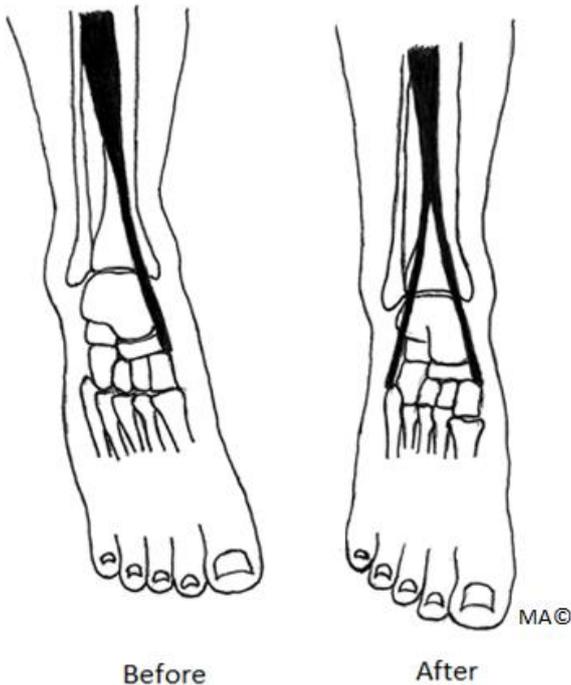
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Split Tibialis Anterior Tendon Transfer (SPLATT)

What is the procedure?

The tibialis anterior muscle is at the front of the shin. It attaches to the bones on the inside of the foot (near the arch) via its tendon. The main action of the tibialis anterior is to move the foot and ankle inwards and upwards.

The surgeon splits the tendon, and then moves one half from its attachment on the inside of the foot, to the outer side of the foot. It is then secured to the bone.



Why is it necessary?

When the tibialis anterior muscle is over-active or tight, it tends to pull the foot in. The muscles which balance this movement on the outside of the foot are often weak and unable to keep the foot in a normal position. This causes the child to put weight through the outside edge of the foot. This can lead to pain, skin break down or rolling of the ankle.

This surgery balances the pull of the muscle so that the foot lifts straight up instead of pulling in. Sometimes this surgery is combined with other procedures including bone or muscle surgeries.

What happens during a hospital stay?

Pain Management

Your child will be asleep and will be under anesthesia for their operation. When they wake, your child will be given pain medicine and maybe muscle relaxants. Any surgery creates some pain, but your child will be given medication to manage this. Pain management in hospital is done either by a nerve block, a drip or oral medicine.

After surgery

Your child will have a below knee plaster. This usually stays on for six weeks. During the first few days the leg will need to be elevated while resting. Your child may or may not be allowed to put weight on their leg after surgery. This depends on the preference of the surgeon. There could be a non-weight bearing period of six to eight weeks after the surgery. Your child may need to use

crutches, a walking frame or a wheelchair to get around after surgery.

Caring for your child at home

The plaster is not allowed to get wet at all. When showering or bathing, the plaster needs to be covered with plastic. You can use a large plastic bag (with no holes) and tape. If the cast gets wet please contact your surgical team immediately.

In order to prevent blisters or pressure areas, your child should change positions regularly. Make sure that the heel of the cast is not resting on any surfaces. The leg can be propped up with cushions to minimise the risk.

Your child may need other equipment to help with daily tasks such as showering and toileting. Your occupational therapist will assist you with this in hospital.

Your physiotherapist will give you exercises to do with your child at home. If your child normally walks, your physiotherapist will assist with walking as soon as their doctors allow.

Remember:

- Make sure that your local therapist knows about the upcoming surgery.
- If your child is not currently seeing an occupational therapist or physiotherapist, please contact your local service now to go on the waiting list. Please make sure you let the service know when your child is having surgery.
- Please tell your child's school that your child will be having surgery and they could be off school for several weeks.
- Please think about advising your own work that you may need time off around the surgery date. Also let family and friends know who may be able to help out at the time of surgery.

Important considerations

It is very important for your child to wear an AFO (ankle foot orthosis) after surgery; this may be for a period of at least 3 months or longer. This helps the tendons to continue to heal properly, and makes sure that the new corrected foot position is maintained. If it is not worn, the foot deformity can return. The surgeon will decide when it is appropriate to cast for new AFO's.