

## What is Talipes?

Talipes or clubfoot is a congenital deformity (present at birth) where the baby's foot (or feet) are turned inwards. In most cases, club foot is diagnosed by the typical appearance of a baby's foot after they are born. As ultrasound scanning during pregnancy improves, talipes is also being detected during routine scanning before a baby is born. Around half of all babies with club foot have bilateral club foot (both feet are affected). Sometimes only the soft tissue is involved, while in others the bones may also be affected.

Talipes is one of the most common birth deformities, affecting approximately 1 in every 1000 babies born. In Maori or Polynesian babies this figure may be as high as 6 in every 1000 babies born. Talipes is diagnosed in twice as many boys than girls.



Talipes equinovarus of right foot

## What causes Talipes?

Your child's Talipes is not caused by any action, diet or behaviour during pregnancy.

Talipes occurs when the muscles on the outer side of the leg are weaker than those on the inside of the leg. The tendons on the inside of the leg also become shorter than normal.

Tendons are the tough cords that connect muscles to bones. In club foot, the bones of the foot are abnormally shaped and the Achilles tendon (the large tendon at the back of the heel) is tight. The cause of talipes is not known, although some possible causes are:

- Other family members have Talipes. Family tendency (Heredity)

- An abnormality of the developing bones and ligaments in the foetus during early pregnancy
- Some nervous system conditions e.g. Spina Bifida - a condition where the bones of the spine don't form properly, causing the nerves of the spine to lose protection and become damaged
- The position of the foetus in the uterus (womb) e.g. breech

## Treatment

As soon as possible after the birth of your baby s/he will be examined by an Orthopaedic Surgeon. Treatment will usually begin at this stage.

First, the Orthopaedic Surgeon gently manipulates (holds, stretches and moves) your baby's foot with their hands into a position in which the foot deformity is corrected (put right) as much as possible. This is not painful or uncomfortable for the baby. Once in this position, a plaster cast is put on to hold the baby's foot in position. This plaster cast usually goes from the baby's toes to their groin area. The cast is changed regularly, gradually stretching the tendons and improving the position of the foot/feet. Following the treatment your child may be given special boots to wear.

Sometimes surgery is required to correct the position of your baby's foot/feet. This will be fully discussed with you by your surgeon. Please do not hesitate to ask questions about this. If surgery was required, it would not normally occur until your baby was 3-6 months old. Surgery usually involves lengthening tendons and ligaments. The foot is then held in the correct position with plaster casts. These may be changed periodically in the operating theatre. To ensure your baby's foot/feet remain in the correct position, it is important to continue to use the footwear prescribed by your surgeon. If the footwear is not worn as advised, there is a chance that talipes equinovarus can recur (their foot position can become abnormal again). This footwear may be required only at night or in some cases both day and night. It may be necessary to use

[continued]

the footwear for many years to ensure the foot/feet do not revert to their former position.

Your doctor will want to see and examine your baby's/ child's feet regularly for many years. If you move from the Wellington region you should inform us. We can then make arrangements for another surgeon to continue your child's treatment.

### **Will there be a problem in the future?**

Most children who are born with Talipes are later able to wear ordinary shoes and lead normal active lives. There may be a difference in foot size. This will generally not cause significant problems.

### **What are the possible complications of club foot?**

Talipes will not improve without treatment. It will usually become worse. The earlier treatment begins the better the long term outcome. Delaying treatment may mean that it must continue for longer. It also increases the likelihood of your child requiring surgery. It may also involve additional surgical procedures.

An untreated baby will usually feel no pain or discomfort until they have to stand and walk. The risk of eventually developing arthritis is significant. The unusual appearance of the foot may cause self-image problems later in life.

The individual will find it hard to walk on the soles of the feet, using instead the balls of the feet, the outside of the feet, and in very severe cases the top of the feet.

### **How to look after the cast/s**

The cast used is plaster of paris which can be soaked in water and then unwound to remove. It is important that the cast remains on until the day of your child's appointment. Initially the appointments will be weekly. On the morning of your child's appointment you may remove the cast and bath your baby / child.

Initially it may not be possible to achieve a normal foot position. However persisting with this procedure will gradually improve the position.

Applying the cast may upset your baby / child. This usually settles very quickly. Padding will be applied to some parts of the foot to protect it against damage. The skin may become red and irritated. This usually improves quickly and causes no long term problems. However in some cases we will need to leave the cast

off for a short period to allow the skin to improve. The cast will need to be kept dry. Your baby / child will need to be sponge bathed unless it is the day of your child's clinic appointment.

If your baby / child's foot becomes red or swollen or if you are concerned about anything you should phone the Orthopaedic clinic immediately.

If you require any further information about Talipes, or you have any questions please ask the nurse or Orthopaedic Surgeon.

### **Contact details and appointments:**

Remember if you do not have an appointment please telephone the Orthopaedic Clinic before coming in.

#### **Wellington Hospital Orthopaedic Clinic:**

Phone: (04) 3855952

Fax: (04) 3855953

Monday – Friday (excluding Public Holidays)

Hours: 8am – 9.30pm

Saturday & Sunday (including Public Holidays)

Hours: 9am – 5.30pm

#### **Kenepuru Hospital Outpatients**

Phone (04) 3855999 Extn 7205

Monday – Friday (excluding Public Holidays)

Hours: 8am – 4.30pm

#### **Outside of these hours please contact the Wellington Orthopaedic Clinic:**

Phone: (04) 3855954

If they are closed contact:

#### **Wellington Hospital Emergency Department**

Phone: (04) 3855999 Extn 5432

#### **Can't keep your outpatient appointment?**

**Please telephone us on 0800 999 442 and let us know as soon as possible.**