

Let's Talk About...

Heel Cord Lengthening

What is a heel cord?

A heel cord, better known as the **Achilles tendon** [ah-KILL-eez], is located in the back of the heel and ankle. It is a strong band of tissue that connects the calf muscle to the heel bone. It allows the foot to point and flex.

Your child may have an Achilles tendon or calf muscle that is too short or tight. This may be because of an injury or the way the tendon developed at or after birth. A tight tendon can cause walking problems.

Heel cord lengthening is surgery that can help your child walk better.

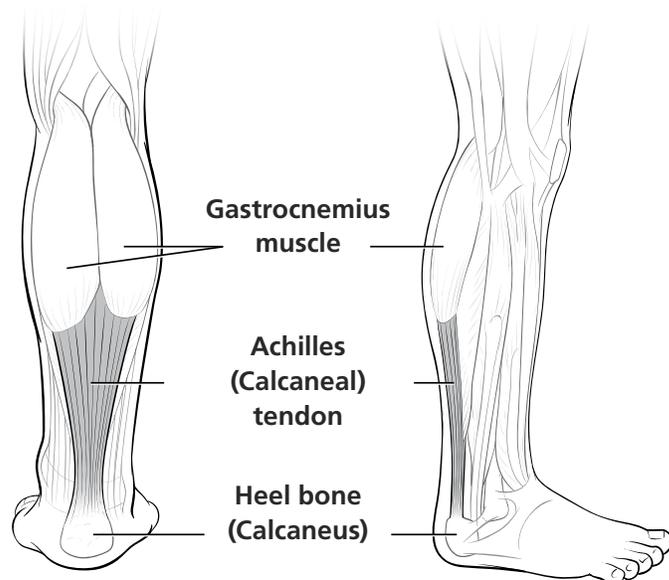
What happens after the surgery?

After the surgery, a cast is placed on your child's leg. This will keep your child from moving the leg and protect the surgery site until it heals. The innermost layer of the cast has soft cotton padding that protects the skin. The cast itself may be made of plaster or fiberglass.

When and what can my child eat?

After your child wakes up from the procedure, give clear liquids that are easily digested. Clear liquids include Pedialyte, water, apple juice, Gatorade, Popsicles, and plain Jell-O. Most babies can take a bottle or resume breastfeeding.

After leaving the hospital, your child should have soft, easily-digested foods. Try to stay away from high-fat or greasy foods like hamburgers and pizza for at least 24 hours after surgery.



What about nausea and vomiting?

The medicines your child received in surgery may cause your child to feel sick to their stomach (nauseated). They may throw up (vomit) for up to 24 hours after surgery. Sometimes riding in the car or pain medicines cause nausea.

You can help control nausea by encouraging your child to lie still. If your child has trouble with nausea and vomiting, give clear liquids. Then, slowly give small amounts of soft, easily-digested foods until your child can eat a normal diet. If your child vomits, wait 30 to 60 minutes until their stomach settles down to begin feeding clear liquids again.

It is very important for your child to drink liquids after surgery to avoid dehydration (not enough liquid in the body). It is fine if your child does not eat solid foods for 1 or 2 days. If vomiting continues for several hours, call your doctor for instructions.

How will I know if my child is drinking enough?

Some signs of not having enough fluids include dark yellow urine, a dry mouth (no spit), and chapped lips. The soft spot on your baby's head may also sink inwards. If you notice any of these things, give your child more to drink. Your child should urinate (pee) normally within 24 hours after surgery. A baby should have 6 to 8 wet diapers in a 24-hour period, and an older child should urinate every 6 to 8 hours.

How can I tell if my child is in pain?

No surgery is pain free, but it is important for your child to be comfortable so they can heal. If your child is older, you can talk to them about their pain and find out what they need. If your child is younger or developmentally delayed, they may moan, whimper, make a face of pain, cry, be irritable, be inactive, not eat, or not sleep. In all cases, you should comfort your child and listen to their concerns.

How can I help with my child's pain?

To help control pain, it's important to limit swelling (inflammation) in the leg. For the first 24 to 48 hours after surgery:

- Prop the affected leg on pillows so that it rests above their heart. Keep their knee in a slightly bent position for comfort.
- Have your child wiggle their toes occasionally throughout the day.
- Apply ice packs to the site for up to 20 minutes at a time. Do this 3 to 4 times a day. Place the ice bags to the sides of the cast, not on top. **Do not allow the cast to get wet while using ice.**



When should I give my child pain medicine?

Give your child pain medicine exactly as your doctor orders. NEVER give your child pain medicine on an empty stomach. Food or drink will also help lower the chance of nausea. Your child's need for pain medicine will decrease after 2 to 3 days. After that time, your doctor may suggest giving Tylenol (acetaminophen) or Advil (ibuprofen) for pain.

The doctor may also have your child take a narcotic pill or liquid for pain. Examples are Norco or Hycet. Norco and Hycet have Tylenol in them, so be sure not to give your child additional Tylenol if they are getting these stronger medicines.

How do I care for my child's cast?

Keep your child's cast clean and dry. Do not let the cast get wet. Wet plaster can become soft and crumble. Also, wet padding under a fiberglass cast can cause skin rashes. Always cover the cast with plastic wrapping to protect it when your child is going to be around water, even when it is just raining.

If the cast becomes wet, blow it dry it with a hair dryer. If you cannot get the cast completely dry with this technique, call your surgeon's office right away.

Do not stick anything down into the cast, such as a coat hanger or other device, to scratch an itch. It might injure the skin and cause an infection or move the padding in the cast.

How much drainage is normal?

With a cast on, you should not see any drainage. If you do see any blood or drainage coming from the cast, call your surgeon's office right away.

When can the cast come off?

Your child will have a follow-up appointment with the doctor to have the cast removed.

What's the best way for my child to bathe?

Bathing your child with a cast can be difficult. Do not get the cast wet. If you put the cast in a plastic bag for a bath or shower, the cast will still get wet. Bathe your child with a washcloth and washbasin instead. **Your child should not shower or bathe in a tub while the cast is on.**

You may ask your doctor about purchasing a cast cover, if needed.

How active can my child be?

Limit your child's activity for 24 to 48 hours after surgery. Your child may put weight on the leg that had surgery as they are able. If your child needs crutches, a physical therapist will teach you and your child how to use them. Your child should limit sports or gym activities as instructed by the surgeon.

What is normal behavior after surgery?

It is very normal to see behavior changes after surgery. Some examples of behavior changes include bedwetting, acting out, thumb sucking, changes in sleep and eating patterns, or nightmares. Make sure you comfort and help your child feel safe. Understand that your child's routine has been upset by surgery. Being patient with your child will help reduce these changes. If these changes last longer than 3 to 4 weeks, call your child's doctor.

When is my follow-up appointment?

Call the Primary Children's Orthopedic Clinic at **801-662-5600** to make a follow-up appointment as soon as you get home from the hospital.

When should I call the doctor?

You should call your doctor if your child has any of the following symptoms:

- Uncontrolled pain
- Temperature over 101° F (38.3° C)
- Any drainage from the wound
- Increased swelling
- Cool, purple, or pale extremities
- Bleeding
- Numbness in the fingers and toes
- Signs of dehydration (dry mouth, less than 6 to 8 wet diapers per day, lack of tears)
- Excessive diarrhea or constipation
- If you are concerned for any reason

Call 911 or go to the nearest Emergency Department if your child is having chest pain or shortness of breath.

Primary Children's Hospital Orthopedic Office:
801-662-5600.

After hours, call the Primary Children's Hospital operator: 801-662-1000 ask for the on-call orthopedic resident.

Notes

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