

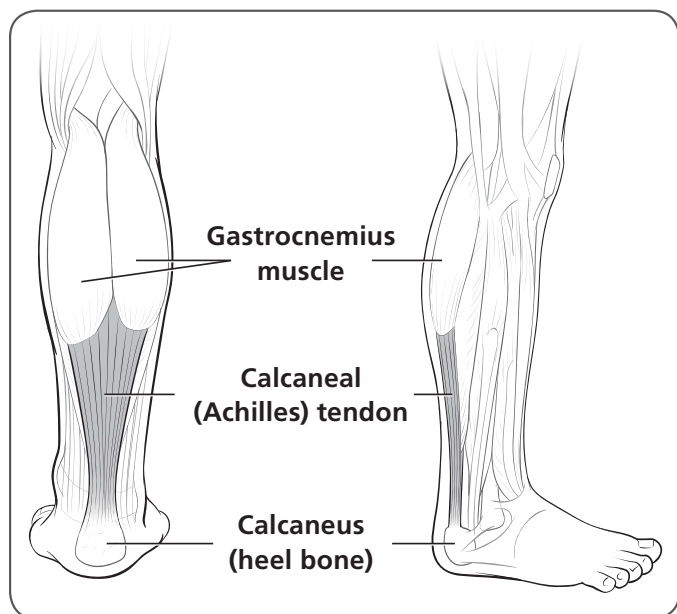
Let's Talk About...

Heel Cord Lengthening

Your child may have an Achilles tendon or calf muscle that is too short or tight. This may be the result of an injury or the way the tendon developed at or after birth. A tight tendon can cause walking problems. The surgeon will operate on the Achilles tendon or muscles leading to the tendon to improve your child's walking. This is called heel cord lengthening.

The Achilles tendon is located in the back of the heel and ankle. It is a strong band of tissue that connects the muscle with the bone. It allows the foot to point and flex.

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



Diet

When 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®, Popsicle®, and plain Jell-O®. Most babies can take a bottle or resume breast-feeding. Your child may resume a normal diet after leaving the hospital. You should start with soft, easily digested foods. Try to stay away from high fat or greasy foods like hamburgers and pizza for 24 hours following the procedure.

What should I do about nausea and vomiting?

The medicine your child received in surgery may cause your child to feel nauseated. They may vomit up to 24 hours after surgery. Sometimes car movement or pain medicine causes nausea. You can help control nausea by encouraging your child to lie still and decrease movement. If your child has trouble with nausea and vomiting, give clear liquids. Then, slowly give more normal foods until your child can eat a normal diet. If your child vomits, give the stomach 30 to 60 minutes to settle down and then begin feeding clear liquids. 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 a day or two. If vomiting is persistent or continues for several hours, call your doctor for instructions.

How will I know if my child is drinking enough?

After surgery, your child will have low body fluids. Some signs of not having enough fluids include dark yellow urine, a dry mouth (no spit), chapped lips, and the soft spot on your baby's head sinking 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 6–8 wet diapers in a 24-hour period, and an older child should urinate every 6–8 hours.

Pain

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?

Put the leg that had surgery up on pillows for at least the first 24 to 48 hours. This will limit the amount of swelling in the leg. Have your child wiggle their toes; this will also prevent some swelling. You may want to put ice on the site of your child's surgery for 24 to 48 hours after surgery to help decrease pain and swelling. Place the ice bags to the sides of the cast, not on top. Do not allow the cast to get wet while using ice. After heel cord lengthening, children will be more comfortable with the knee in a bent position.

Medicine

When should I give pain medicine to my child?

Give your child pain medicine as your doctor ordered it. **NEVER** give your child pain medicine on an empty stomach. Food or drink will decrease the chance of nausea. Your child's need for pain medicine will decrease after a few days. Your doctor may suggest giving Tylenol® or ibuprofen in the right amount 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 Tylenol if they are getting stronger medicine.

Cast Care

How do I care for my child's cast?

Keep your child's cast clean and dry. Do not get the cast wet. Wet plaster can become soft and crumble. Also, wet padding under a fiberglass cast can cause skin rashes. Always cover the cast with a 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, dry it with a hair dryer. If you cannot get the cast completely dry with this technique, notify your surgeon's office immediately. 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. It will also help if you keep the cast clean.

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.

When can the cast come off?

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

Bathing/Showering

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.

How do I obtain a cast cover?

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

Activity

How active can my child be?

Limit your child's activity for 24–48 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.

Behavior

What is normal behavior after surgery?

It is very normal to see behavior changes after surgery. If they last longer than three to four weeks, call your doctor. 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.

Follow-up Appointment

Call the Primary Children's Orthopedic Clinic 801.662.5600 to make a follow-up appointment as soon as you get home from the hospital.

Calling the Doctor

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.
- Any drainage from the wound.
- Increased swelling.
- Cool, purple or pale extremities.
- Bleeding.
- Numbness of fingers and toes.
- Signs of dehydration (dry mouth, less than 6–8 wet diapers per day, lack of tears).
- Excessive diarrhea or constipation.
- If you are concerned for any reason.
- Chest pain or shortness of breath or any other emergency: Go to the Emergency Department or call 911!

How do I call the doctor?

- **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.