

Your child's foot surgery for tarsal coalition

Children's Hospital

Last reviewed: April 2025

Information for Parents

Next review: April 2028

Leaflet number: 417 Version: 2

What are the tarsal bones?

The tarsal bones are in the middle and the back of the foot. They all form joints that help make the foot work properly. The tarsal bones are called the calcaneus, talus, navicular and cuboid.

What is tarsal coalition?

Tarsal coalition is an abnormal connection of 2 or more bones in the foot

Causes

Tarsal coalition can be a genetic error in the development of a baby during pregnancy. It can be triggered by trauma to the area, infection or arthritis (rare in children).

Symptoms

Even though most children who have tarsal coalition are born with them they do not usually notice any painful symptoms until between the ages of 8 to 16. This is because as children grow up their bones change from being mostly bone to mostly cartilage. During this time the hardening tarsal coalition becomes more rigid and painful.

Children and young people with tarsal coalition may have:

- Pain usually on the outside and top of the foot
- Flat feet/foot (not all children with flat feet have tarsal coalition)
- Stiffness and muscle spasms in the affected foot

**Health information and support is available at www.nhs.uk
or call 111 for non-emergency medical advice**

Visit www.leicestershospitals.nhs.uk for maps and information about visiting Leicester's Hospitals
To give feedback about this information sheet, contact InformationForPatients@uhl-tr.nhs.uk

Treatment

Not all children with tarsal coalition need treatment. It can be treated with insoles that fit in a shoe and physiotherapy. If you have severe pain and discomfort which does not respond to non-surgical treatments then your doctor may recommend an operation.

Treatment decisions are based on things like age, medical history and how much the condition and symptoms are affecting the child.

The main goal for treatment is to reduce pain and muscle spasms by reducing the range of movement in the affected joint/joints.

Non-surgical treatments include:

- Casts or walking boots
- Orthotics (special custom made shoe inserts)
- Steroid injections
- Anti-inflammatory medications
- Stretching and physiotherapy

What are the benefits of surgery?

Improved comfort when walking

What are the risks of surgery?

- Nerve damage
- Increased pain
- Sensitive scar
- Wound infection
- Blood clot

What happens before surgery?

You will see your consultant at a pre-assessment clinic to discuss any questions you have.

If needed you will have a blood test.

Your child will have to stop eating for a certain amount of time before their surgery. We will give instructions about this at your pre-assessment appointment.

This appointment may be at the hospital or by phone.

What happens on the day?

We will give you information on where to attend on the day of surgery.

You will be taken to a bed.

You will meet your nurse.

As a parent you can go to theatre reception. You can go with your child into the anaesthetic room.

You will then return to the ward until your child is ready to come back. The nurse will take a parent down to collect and bring you both back to the ward.

A parent is able to stay overnight. It is advisable to bring overnight items in hospital with you.

Your child will be away from the ward for around 2 hours

When your child comes back to the ward we will give them a drink and something to eat.

A physiotherapist will check how well they can walk with the cast on. They may be given crutches if needed.

If they are still sore on return, your nurse can give some more pain relief. The discomfort should settle over the next 48 hours.

After surgery

Your child will stay overnight so we can monitor them and to help manage their pain.

They will go home with a cast, that goes up to the knee. You need to keep the cast clean and dry.

They will need to limit their activities for about 1 month. They may be given crutches or a walker to use during this time.

They will then be given a walking boot.

They will begin exercises to help restore muscle strength .

They will be able to restart full activities including sports after 3 months

You will have follow up in the orthopaedic clinic with the nurse to check your wound. You will also have an appointment to see your consultant

Contact Details

Specialist Sister	07950 888466
Deputy Sister	07977 957248
Secretary	0116 258 5756
Ward 19	0116 258 5244

