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Local flap coverage following posteromedial release in clubfoot surgery in older children

Received: 12 May 2005 / Accepted: 3 June 2005 / Published online: 23 August 2005
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Sir,

I enjoyed Drs. Kamath and Bhardwaj's paper on local flap coverage following posteromedial release in clubfoot [1]. Here in Malawi, we do a high volume of clubfoot surgery in older children who have severe deformities. In the early years of my practice, I used to use the standard L-shaped incision that Kamath and Bhardwaj use, and I experienced just the same problems as they did. After correction of a severe deformity, the incision is impossible to close while the foot is in the corrected position. The main difficulties are closing the bottom limb of the incision and avoiding tension on the tip of the flap. I have now moved to using a straight or only very slightly curved incision, which starts posteriorly over the medial side of the upper part of the Achilles tendon then descends, passing just behind the medial malleolus to the prominence on the navicular where the tibialis posterior inserts. This incision gives excellent exposure to the medial structures. The exposure to the posterior structures is less easy than with the incision that Kamath and Bhardwaj use, but with gentle retraction on the

posterior edge of the incision, one can reach the posterior ankle capsule and subtalar joint. The major advantage of the straighter incision comes in the closure following correction of the clubfoot deformity. Because there is no flap to dissect, there is no tip problem, and because the incision is parallel to the line of increased skin tension and not crossing the line of increased tension, like the bottom limb of the L incision, there is much less tension in the closure.

Sincerely,
Chris Lavy

Reference

1. Kamath BJ, Bhardwaj P (2005) Local flap coverage following posteromedial release in clubfoot surgery in older children. *Int Orthop* 29:39–41

The article to which this letter refers can be found at
<http://dx.doi.org/10.1007/s00264-004-0615-5>

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