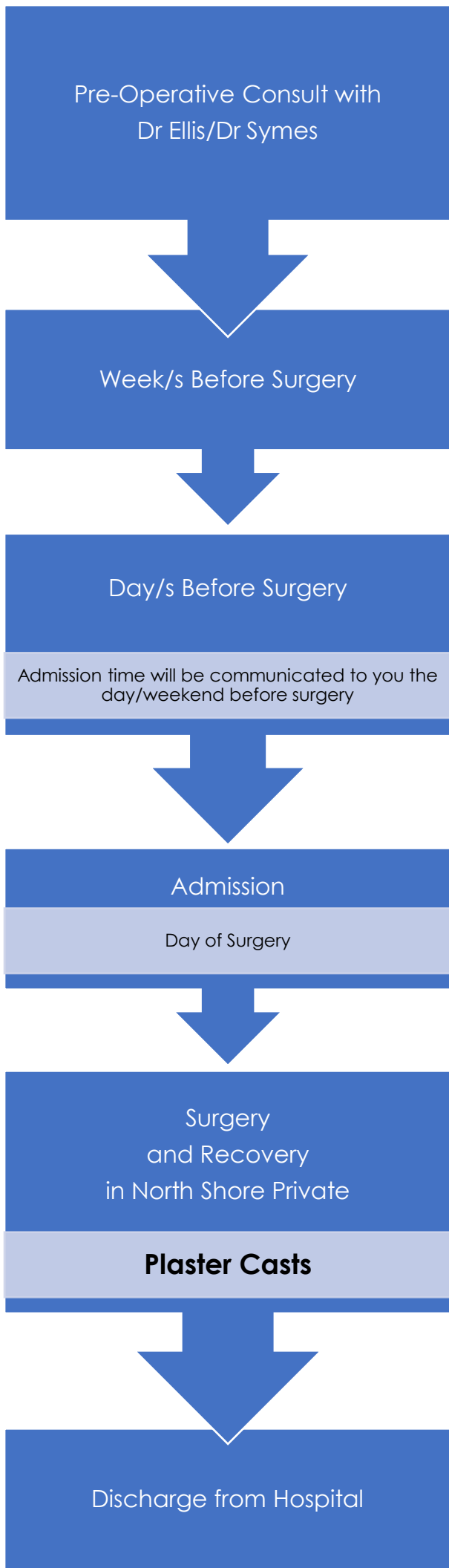


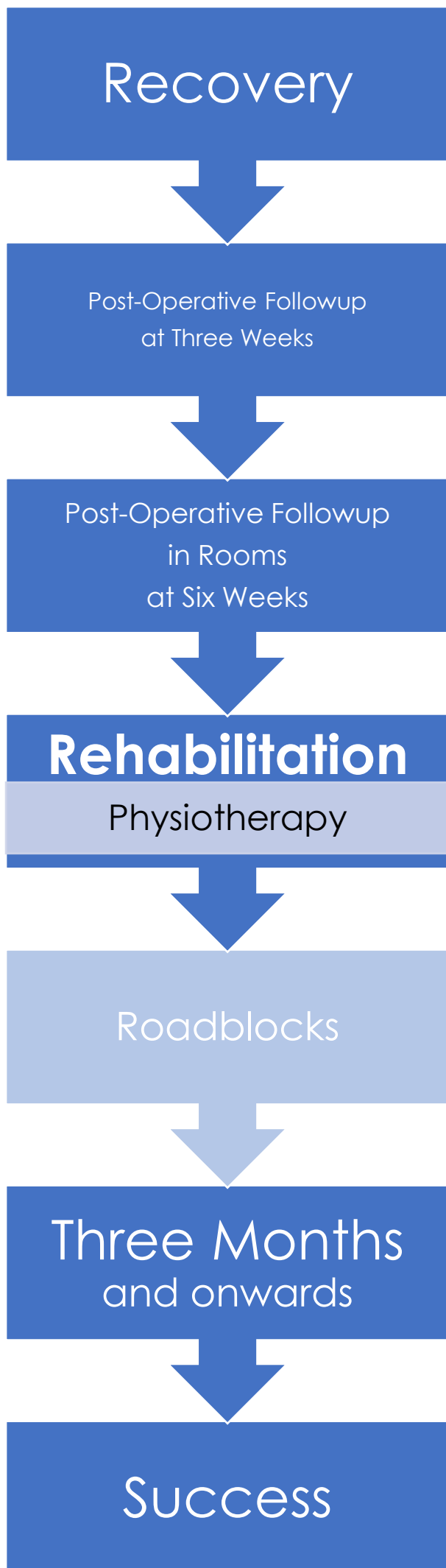
Please contact our rooms with a referral + any radiology + specialist reports.

- **If out of state or in a remote location**, Dr Ellis would be very happy to see you via telehealth consultation as an initial enquiry.
- **During this chat**, you will discuss with Dr Ellis:
 - **Your condition** – do you have a definite neurological diagnosis?
 - **Your treatment options** - is there potential for surgery? Have you tried non-operative pathways?
 - **Previous surgical history** – please provide a detailed and accurate history of your past treatment. Did you have surgery in childhood?
- **If you are interested in surgical treatment**, you may book a joint consultation with Dr Ellis and Dr Symes.
 - **Dr Michael Symes** is a specialist foot and ankle surgeon who works in tandem with Dr Ellis in providing surgical opinions and treatment for neuromuscular lower limb reconstructions.
- **This consult will be in person** so Dr Ellis and Dr Symes can examine you and your lower limbs.
- **Nonoperative treatment has a role:** We will discuss with you nonoperative treatments such as **Botulinum toxin** and **Physiotherapy**
- **A surgical plan will be offered if appropriate**, detailing your pathway to recovery, answering questions that you might have:
 - **How long will recovery take?**
 - **How long will I not be able to work?**
 - **How long will I be in plaster?**
 - **What rehabilitation/physio postoperatively will I need?**
 - **What should my expectations be and what are my goals postoperatively? Do they match?**
- Call our rooms and discuss a date of surgery. Dr Ellis has a busy surgery list, but we will do our best to accommodate your needs.
- Over the phone, we will discuss booking your surgery and appropriate Pre-Operative Appointments.
 - This will include [PRE-ADMISSION CLINIC](#) at North Shore Private Hospital
 - If you have a known cardiac condition or other complicating health issues, visit your specialist to obtain clearance for surgery
- Please be aware of **any other specialist appointments** that are required prior to surgery.
- **If you have a cardiologist and are on blood thinners**, clearance for surgery from your specialist and a management plan for your medications are required.
- The [Pre-Admission Clinic](#) is located on the First Floor of North Shore Private Hospital. Please find enclosed a flyer with a map of the location and required items to bring
- **This pre-operative assessment is required** to optimise your care in hospital and make sure that your operation goes as smoothly and safely as possible. Usually this will happen two weeks prior to surgery.



At this appointment, we will answer any questions you may have from reading your reports or any information booklets and your concerns about your upcoming surgery.

- Once all has been discussed and you feel fully informed of the risks and benefits of surgery, you will be asked to sign a document acknowledging your informed consent of your upcoming procedure.
- **You will be advised of any medications to wean in the weeks prior to surgery.**
- **Please take care of your skin** in the weeks before surgery – cat scratches, gardening wounds from thorns/branches and other breaks in your skin may cause your surgery to be delayed due to the risk of infection.
- **If you have any dental work** planned, let Dr Ellis know due to the risk of infection.
- **Consider alterations you will need to make at home** for recovering postop while in plaster for six weeks:
 - **Access & bathroom:** Do you have grab-bars, level access and safe toileting solutions?
- Ensure that you are prepared for your inpatient stay with a packed bag. Please do not bring any valuables to hospital.
- If you have **any printed x-ray** films, please bring with you to hospital, as the surgeons will need these to perform your operation.
- If you feel suddenly ill or unable to attend your operation, please let us know so that we can manage your care appropriately.
- Most patients are admitted on the date of surgery
- You will be asked to fast for SIX hours (NIL by mouth)
- Your anaesthetist will visit you before your surgery to discuss your anaesthetic and post-operative pain management. Drs Ellis and Symes will also see and speak with you about any last minute concerns.
- Both Drs Ellis and Symes will operate on you in tandem. If you are undergoing bilateral surgery, one surgeon will operate on either limb simultaneously. The operation may take several hours, depending on its complexity.
- Once out of recovery, you will be transferred to the Orthopaedic Ward where you will stay for **FIVE - SEVEN DAYS**
- **Your feet and lower limbs will be protected by plaster casts.**
 - These will be applied **immediately after** the operation whilst you are under anaesthetic,
 - The casts are then reinforced as walking casts on Day 5 post-operatively.
 - Casts are not waterproof and should be protected when bathing. Cover the casts with a plastic bag or [Aqua Shield](#)
- **In most cases, you will be discharged home.**
- PLEASE **RING DR ELLIS, DR SYMES OR THE ROOMS** if you are concerned IN ANY WAY regarding your post-op progress, especially if concerned about infection.
- Keep any eye on your toes and plaster: let us know of any concerns.



Recovery from Tendon Transfers in lower limb/foot reconstruction is **long and involved**.

Your expectation should be that rehabilitation and recovery can take up to one year, with physiotherapy and your hard work.

Remember, you will be in plaster casts for the first six weeks, transitioning to CAM/Moon walker boots for the next six weeks

Dr Ellis and Dr Symes will see you for a three week post-op check

- This can be either in person in the rooms or via telehealth.
- **Safety check:** How are you coping postoperatively?
- Are the plaster casts okay? They can be reinforced in our rooms or by a physio if not.

This appointment should be in the rooms with new x-rays of your feet.

- **Your casts will be removed** at this point either by Dr Ellis/Symes or a physio, and **CAM boots fitted**
- Your wounds will be inspected to check on healing.

At six weeks, following your consult with Dr Ellis, a rehabilitative referral will be made:

- We will communicate with your neuromuscular physiotherapist your rehab goals and strategies for learning how to use your tendon transfers.
- Some patients with particular needs might opt to go to inpatient rehab at this time.

Twelve Weeks: In this phase of recovery, you will probably find the continued physio and re-education of learning to use your transfers and walk fatiguing.

- Patience and resilience are key
- You will transition out of your boots during the day and start to build towards return to normal daily life
- You will wear your boots in bed at night (until approx. Week 12) to protect the transfers.

It takes time:

- Many patients at this stage find hydrotherapy very useful in strengthening their transfers
- A **short Swim fin** while doing laps is an excellent idea, helping build muscle, a well gliding transfer and good range of motion
- You should expect to be returning to full time work at around this point, with assistance from your physio or OT.

Dr Ellis and Dr Symes will continue to see you as required, either in person or via telehealth

Your success post-operatively will be an outcome of your own hard work and earnest investment in your recovery, with on-hand and involved care from Dr Ellis, Dr Symes and specialist neuromuscular physiotherapists.