Recovery of clubfoot services during the Covid -19 pandemic
Starting Ponseti treatment on older babies - Phase 2 and beyond

Considerations by the UK Clubfoot Consensus Group
www.clubfootuk.net
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Introduction

During Phase 1 of the Covid-19 pandemic in the UK there may have been a delay of starting Ponseti Treatment for babies with clubfoot of up to 3 months.[1]

Phase 2 of the pandemic allows for treatment of these babies to start as a time urgent intervention.

Successful Ponseti Management of babies over 3 months is possible. However treatment protocols need strict attention to detail.[2]

Phase 2 restrictions do not yet allow treatment of delayed presentation or recurrent deformities.

Babies and children with complex underlying conditions who also have clubfoot are still being shielded and therefore need to be further deferred.

The guidance below should be used in association with the previous document of March 2020

Considerations

1. Information for families
    - Social distancing rules are still in place in out-patients and other areas and expected to remain so for the foreseeable future.
    - Some families may still be nervous about attending the hospital and they maintain their right to defer treatment. Anxiety may still be high if they choose to attend.
    - Although there is evidence that transmission of coronavirus is slowing, family or household members may become ill during the treatment period and treatment may be stalled to comply with government guidelines.
    - Consider carefully how best to travel to the place of treatment.
    - Ideally only one carer should come with the infant
    - Hand sanitiser should be appropriately used
    - Normal provision of milk, nappies and skin wipes should be brought by the family member
    - Staff members may be wearing masks, eye protection, aprons and gloves.

2. Provision of services
    - Plaster room or equivalent space is required. Consider a separate space for cast removal.
    - Consider alternative 'non acute' venues for casting which may be more accessible and less anxiety provoking for families at this time.
    - Only one family in a room at one time.
    - Appropriate use of waiting room spaces to maintain social distancing.
    - PPE requirements and availability need to be assessed and adequate for the duration of care, as do sanitizing facilities and consumables.
    - Theatre capacity remains limited and is presently being designated to more urgent conditions
    - If a large backlog exists or there are issues with hospital space and clinic times, the accelerated protocols can be safely used.[3]

3. Treatment
    - Ponseti management requires a minimum of 2 trained practitioners, one of whom should have experience in managing treatment for babies over 3 months.
    - Early consideration should be given for the timing and location of the tenotomy procedure.
    - Tenotomies should not be delayed due to lack of opportunity
    - Casting older babies with more underlying adipose tissue can be more challenging and without careful molding and application, casts may be more likely to slip. Policies need to be in place for the team to respond quickly and effectively to cast slips.
    - Older babies may be more challenging when performing a tenotomy under local anaesthetic
    - Older babies may be more challenging when introducing the foot abduction brace and settling them in to the orthosis.

4. Casting
    - Plaster of Paris remains the material of choice.
    - Consider the potential need for the family to remove the cast at home if they are unable to attend for appointments or the cast slips. (see previous advice)
    - However, the cast should not be removed at home, before the appointment, if it has stayed in a good position.
    - Soaking remains the preferred method of cast removal.
    - Families should be given guidance on how to determine if a cast has slipped. It is recommended that families take a photograph before leaving the treatment room to enable subsequent comparison. Subsequent images can be communicated to the treating team remotely.
    - If a cast slips, it should be immediately removed by the family after appropriate advice.
    - **If there is a lack of progress of correction after 5 casts and before 7 casts have been applied, help should be immediately sought from a high volume specialist Ponseti service.[4] Please *do not* proceed with a tenotomy before discussion with that specialist service.**

- Attempting numerous casts with or without tenotomy in the face of multiple slipping casts or lack of progression causes complex deformities that can be more challenging to treat.

5. Tenotomy procedure
   - **The arrangements for tenotomies must be clarified before embarking on treatment. Where local provision is not possible, discussion with high volume specialist sites is advised.**
   - Some services perform tenotomies under local anaesthesia in the theatre environment and some in the clinic. Both areas are subject to pressures depending on local activity. There may be a need to be flexible about the location for tenotomies and advice is available from the UKCCG
   - Tenotomy under local anaesthetic is advised to reduce anaesthetic risk and pressures. Tenotomy under GA may be preferred in older babies

6. First fitting of boots and bars
   - This is better done 'face to face' due to the individual fitting needs and requirement to ensure parents are familiar with techniques.
   - If families are unable to attend for any reason, the fitting can be postponed by up to two weeks. The cast should remain in position until the brace can be fitted.
   - If remote fitting is planned, careful instructions on cast removal and boot fitting should be given. A secure telephone or video link may be available.
   - Arrangements for subsequent review and/or supply of larger boots and management of the bar width must be clarified with families at this stage.

Prioritisation of patients during Phase 2

1. Infants who had treatment stalled in Phase 1, including those due first fitting of foot abduction brace
2. Infants with clubfoot awaiting primary treatment with casting
3. Families who are known to be struggling with the foot abduction brace at risk of recurrence
4. Children with pain or skin problems due to the brace
5. Children with painful feet who have completed Ponseti treatment.

General advice for families with babies

We recognise that this is a challenging time for families. There is some helpful advice on how to cope, particularly with crying babies at www.iconcope.org

1. https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C0221-specialty-guide-surgical-prioritisation-v1.pdf

2. Bor N, Herzenberg JE, Frick SL. Ponseti management of clubfoot in older infants. Clinical orthopaedics and related research. 2006;444:224–8

3. Morcuende JA, Abbasi D, Dolan LA, Ponseti IV. Results of an accelerated Ponseti protocol for clubfoot. Journal of Pediatric Orthopaedics. 2005;25(5):623–6

4. Böhm S, Sinclair M. Report of the 1st European consensus meeting on Ponseti clubfoot treatment: Karolinska Institutet Stockholm, July 6th 2012. *J Child Orthop*. 2013;7(3):251-254.