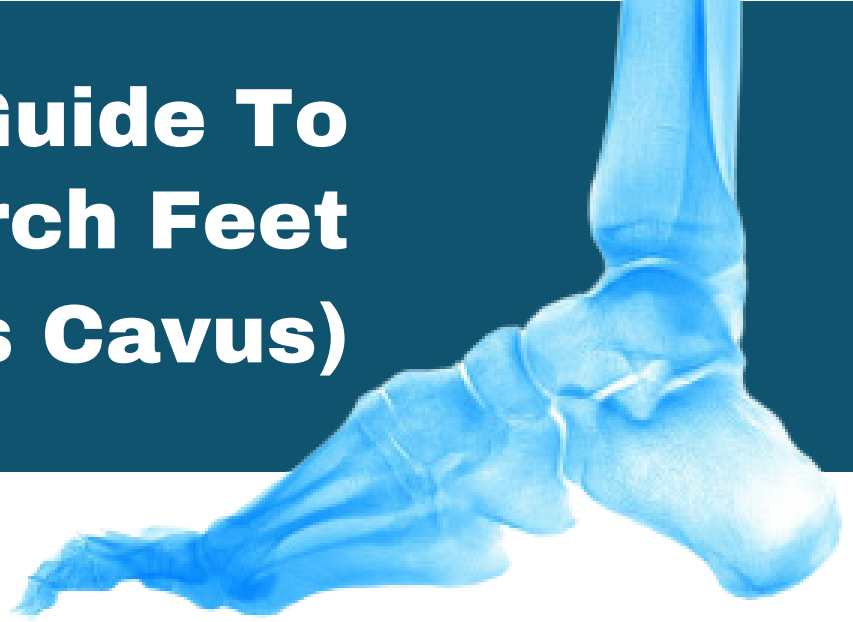




A Guide To High Arch Feet (Pes Cavus)



High arched feet at a glance

- Feet have a wide variety of shapes ranging from flat to high arched
- Patients with mildly high arched feet may not have any symptoms
- Patients with more severe high arches may get pain in their feet or suffer repeated ankle sprains
- Approximately one in 10 people have high arched feet
- Surgery may be needed when conservative treatment stops working in symptomatic patients

Five questions to ask about your high arched foot

Identifying whether there is an underlying cause for the shape of your foot is important since it may influence treatment. If you have high arched feet and answer yes to any of the following questions, you should consult your doctor for further advice:

- Is the foot painful?
- Is the foot changing shape?
- Is only one foot changing shape?
- Is there any numbness in the foot?
- Does your foot feel weak or unstable?

Answering yes to the final four questions in particular may warrant specialist referral to make sure that there is not a problem with your nerves or spine.

What should I do?

Most patients have no underlying cause for high arched feet and this usually leads to either no or mild symptoms. In such circumstances, there is no need for any treatment. When the shape of the foot starts to interfere with activities it may be necessary to:

- Modify or limit activities that aggravate symptoms.
- Wear more supportive shoes or other footwear.
- Use insoles which either change the shape of your foot or adapt to it depending upon whether the foot is supple or not.

Surgery is generally reserved for when these measures fail to control symptoms such as persistent pain or rubbing on the outer foot border, or if the foot is rapidly changing shape

Do I need surgery?

Surgery is offered for patients whose symptoms can not be managed conservatively or if the shape of the foot is rapidly changing.

In most patients, the main benefits are:

- Relief or improvement of pain and disability.
- Greater independence and activity levels.

The outcome of surgery is usually good but it doesn't mean that all the people who have the surgery will be completely symptom free

Risks of pes cavus surgery

As with any surgery, there are associated risks. These risks are dependent upon the type of surgery. Surgery may range from cutting and realigning bones (osteotomy), fusing bones together, lengthening tendons, and moving tendons from one part of the foot to another (tendon transfer).

If you are overweight, smoke or not active, you are at greater risk of developing complications after surgery and it may take longer to recover. You may want to discuss this with your GP or health professional what you can do before surgery.

- Risks include stiffness or persistent pain in the foot and ankle.
- Nerves may be damaged in very few cases, which could lead to chronic pain that is worse than the pain before surgery.
- There is a risk of a blood clot forming in the leg which is also known as a deep vein thrombosis (DVT). The main danger of this complication is that the clot travels to the lungs which can be fatal. All patients will be assessed for risk of developing blood clots and if you have no risk factors, generally no specific precautions are needed.
- Infections will occur in a few patients. Mostly they can be treated by antibiotics. Occasionally, wounds can become more deeply infected and require further surgery.
- The surgery may help some but not all symptoms. Furthermore, the foot may continue to change shape. In these cases, patients might not feel much benefit after the operation and require an alternative approach in the future.

How long will you spend in hospital or on treatment after surgery?

Most patients will spend one or two nights in hospital

- You will need to strictly rest and elevate the foot for 10 to 14 days after surgery.
- For the first 6 to 12 weeks after your surgery, you may need additional walking aids such as crutches or a walking frame to help support you.
- You may start driving again only when you can do safely and are able to make an emergency stop.
- Following your surgery, you may be required to complete questionnaires to monitor your progress and improve our knowledge.
- It may take up to one year to recover fully from surgery and rarely longer.
- A small number of patients will continue to experience symptoms after surgery.

