

FOOT

Cavovarus and high-arched foot

High arches, heel tilt and ankle instability: assessment, pressure relief and reconstruction.

Patient information, treatment choices, risks, recovery and a space to record your individual plan.

Understanding the condition

A cavovarus foot has a high arch and a heel tilted inward. It may cause painful pressure areas, toe clawing and recurrent ankle sprains. Some cases reflect muscle or nerve disease, so examination may include a neurological assessment and review of family history.

Treatment options

Footwear adjustments, customised insoles, braces and physiotherapy may improve comfort or stability. Treatment addresses the cause and whether the deformity remains flexible. Surgery is considered when significant pain, pressure or instability persists.

What a procedure may involve

Reconstruction may realign the heel or first metatarsal, release tight tissues, rebalance tendons or repair ankle ligaments. A stiff arthritic foot may require fusion. Your surgeon will explain the proposed combination, including any calf lengthening and fixation.

Risks and benefits to discuss

The goal is a better-balanced, more comfortable foot. Risks include recurrent deformity, overcorrection, weakness, nonunion, wound or nerve problems, infection, blood clots, painful implants, persistent symptoms and additional surgery. An underlying neurological condition may continue to progress.

Any operation also carries bleeding and anaesthetic risks. Occasionally, complex regional pain syndrome causes prolonged pain and sensitivity. Your health and the extent of surgery change your personal risk.

RECOVERY AND YOUR CONSULTATION

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Use this guidance to prepare your individual plan with the treating team.

Rehabilitation and aftercare

Protect the correction in the advised cast or boot and follow loading limits. Keep dressings dry, inspect accessible skin as instructed and attend imaging reviews. Rehabilitation gradually addresses safe walking, muscle balance and pressure control; orthoses may still be needed.

Expected outcomes and recovery

Recovery takes months, and major reconstruction may continue improving towards a year. Reducing pressure and sprains is more realistic than promising a normal foot. Long-term follow-up may be appropriate when muscle imbalance or a neurological cause is present.

When to seek urgent help

Seek prompt advice for rapidly increasing pain, spreading redness, wound discharge, fever, new numbness or a cast or boot causing pressure. New calf pain or swelling needs urgent assessment. Chest pain or breathlessness needs emergency help: call 999.

Your consent discussion

Ask which treatment best addresses your symptoms, what alternatives are reasonable, what the main risks mean for you, and what recovery will involve at home and work. This guide supports that discussion; consent is completed with your treating team. Your individual written instructions take priority.

Sources and further reading

RNOH: Pes cavus correction

<https://www.rnoh.nhs.uk/patients-and-visitors/patient-information-guides/post-operative-advice-following-pes-cavus-correction>

CLINICIAN-COMPLETED WORKSHEET

Your consent discussion

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This blank worksheet is not an executed consent. Complete it after clinical assessment with the treating clinician. The hospital or clinic must also complete its required consent process before treatment.

Patient name / identifier, date of assessment and communication support needed

Diagnosis, affected side / site and the proposed procedure or treatment

Reasonable alternatives discussed, including the option of no treatment

Expected benefit for this patient, limits of treatment and uncertainties

Material risks and personal risk factors - record the risks that matter to this patient

Patient's priorities, questions, understanding and agreed decision / time to consider

Treating clinician name, role and signature / date

Patient / representative name, signature and date - acknowledgement of discussion only

A signature here records a discussion; it does not replace a completed treatment consent form. You may ask further questions or change your decision before treatment.

CLINICIAN-COMPLETED WORKSHEET

Your rehabilitation and aftercare plan

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Complete this plan after assessment. The advice must match your injury or operation, imaging, wound and medical history. Do not start limb loading, remove protection or change medicines using an uncompleted worksheet.

Limb loading / weight bearing, walking aids, sling / cast / boot / brace and protection

Wound / dressing care, bathing, elevation and swelling advice

Medicines, pain relief, clot prevention and any treatment-specific restrictions

Exercises, physiotherapy, range of movement and progression criteria

Work, driving, sport and daily activities - individual restrictions / review points

Review date, imaging / tests, named clinician and routine / out-of-hours contact details

Clinician completing this plan, signature / date and patient questions

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