

Management

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Surgical management is directed mainly towards the rehabilitation of the patient who has residual paralysis, the operations being tailored to the particular individual's disability. Children especially may show improvement in their muscle function for up to 2 years after the onset of the illness. Thereafter, many patients learn to manage their disability by incorporating various manoeuvres ('trick movements') into their daily life. The surgeon must be cautious in considering such a patient for any form of surgery. Surgical treatment in the chronic form of the disease is the domain of a highly specialised orthopaedic surgeon who needs (b) to work closely with the physiotherapist both in assessing and in rehabilitating the patient. Operations are only considered after a very careful and detailed assessment of the patient's needs. A multidisciplinary team, consisting of the orthopaedic surgeon, neurologist, physiotherapist, orthotist and the family, should decide upon the need for and advisability of any surgical procedure. A description of the operations for the various disabilities is beyond the scope of this book. The reader should therefore seek surgical details in a specialist textbook. In 2012, WHO declared India a polio-free country.

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Figure 6.31 (a, b) A 12-year-old patient with polio showing marked wasting of the left upper arm muscles with flexion contractures of the left knee and hip; there is equinus deformity of the foot (courtesy of Dr SM Lakhota, MS and Dr PK Jain, MD, DA, Kolkata, India). A viral illness that is preventable. Presents with protean manifestations of fever, headache and muscular paralysis without sensory loss, more frequently affecting the lower limbs. Treatment is mainly medical and supportive in the early stages. Surgery should only be undertaken after very careful assessment as most patients learn to live with their disabilities. Surgery is considered for the various types of paralysis in the form of tendon transfers and arthrodesis, which is the domain of a specialist orthopaedic surgeon.

Figure 6.32 A young patient with polio showing paralysis of the lower limb and paraspinal muscles causing marked scoliosis and a deformed pelvis.

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