

POST-OPERATIVE NOTE

Patient: Zanele Mbatha

Folder No: QIQA-987654

Date of Birth: —

Age: —

Gender: —

Hospital: —

Date of Procedure: 11 November 2025.

Patient Details: Lesson Bester is a five-year-old boy referred by Heidi Miller (physiotherapist) from a rehabilitation centre, previously assessed in the cerebral palsy clinic on 13 October 2025. He has a history of trans-encephalitis at one year of age, with persistent abnormal gait of the right lower limb characterised by toe-walking. He is RVD-exposed but BCR negative as per the transcript. Prior examinations documented normal cognition, normal limb lengths, increased tone confined to the right calf, a short tendo-Achilles on the right, clinical shortening of the gastrocnemius and soleus, ankle clonus on the right, brisk right knee reflexes, normal sensory examination in both lower limbs, normal upper limb examination, normal cranial nerves, and a normal spinal examination, with no meningeal signs. MRI brain and spine has been scheduled for 13 February 2026.

Surgeon and Assistant: Primary surgeon: Dr Nico Engslin. Surgical assistant: Not stated in transcript.

Anaesthetist: The anaesthesia was administered by Dr Kurti Bester using a laryngeal mask airway.

Anaesthetic Time: Not stated in transcript.

Cutting Time: Not stated in transcript.

Closing Time: Not stated in transcript.

Pre-operative Diagnosis and Pathology: Right equinus deformity with spasticity of the gastrocnemius–soleus complex and a short tendo-Achilles, in the context of upper motor neurone signs confined to the right lower limb following prior trans-encephalitis; clinically manifested by right-sided toe-walking and hyperreflexia, with otherwise normal cognition, cranial nerves, spine, and sensory examinations.

Operation Performed: Ultrasound-guided intramuscular botulinum toxin type A chemodenervation of the right gastrocnemius–soleus complex under general anaesthesia.

Procedure Details: Informed consent is presumed to have been obtained; the consent discussion itself is not stated in the transcript. The patient was brought to theatre and general anaesthesia was induced without the use of muscle relaxants. A laryngeal mask airway was placed by the anaesthetist. The right calf was prepared and draped in the usual sterile fashion. Real-time ultrasound guidance was used to identify the medial and lateral aspects of the gastrocnemius and soleus muscles, delineate muscle architecture, and avoid neurovascular structures. On intra-operative ultrasonography, the right gastrocnemius demonstrated increased fibrotic changes compared with the soleus and with the contralateral limb; there was marked shortening of the tendo-Achilles with both gastrocnemius and soleus shortening noted. Under anaesthesia, clonus could not be elicited. A total of 100 units of onabotulinumtoxinA (Botox) reconstituted in 5 mL sterile saline was administered intramuscularly as follows: 25 units to the right medial gastrocnemius, 25 units to the right medial soleus, 25 units to the right lateral gastrocnemius, and 25 units to the right lateral soleus aspect. Needle placement was confirmed under ultrasound at each site with careful aspiration prior to injection; injections were delivered slowly with attention to avoiding nerves and blood vessels. There was no abnormal bleeding and no intra-operative haemodynamic instability. The patient was uneventfully extubated from the laryngeal mask airway and transferred to the ward in a stable condition.

Closure Details: No skin incisions were made. The needle puncture sites were cleansed and covered with sterile adhesive dressings.

Difficulty / Notable Findings: Ultrasound demonstrated increased fibrotic changes in the right gastrocnemius relative to the soleus and to the contralateral limb, with severe shortening of the Achilles tendon and shortening of both gastrocnemius and soleus. There was no evidence of posterior compartment involvement on ultrasound. Under anaesthesia without muscle relaxant, clonus could not be elicited.

Implants or Devices Used: No implants or permanent devices were used. Ultrasound guidance was employed for targeting, and a laryngeal mask airway was used for airway management during general anaesthesia.

Estimated Blood Loss: Estimated intra-operative blood loss was negligible, and no abnormal bleeding was observed.

Specimens Taken and Destination: No specimens were taken intra-operatively.

Post-operative Plan: The patient will be observed in D1 postoperatively. He may commence oral intake when awake, and if vital signs remain stable by 12:00, he may be discharged home the same day. He will be reviewed in the neurosurgery clinic in six weeks to assess response to botulinum toxin. If there is a good response, selective peripheral neurotomy of the right lower limb with concurrent muscle biopsy will be considered. If the response is poor, orthopaedic consultation will be sought to consider tendo-Achilles lengthening, with consideration of muscle biopsy at the same

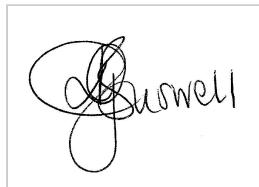
time. Feedback will be provided to the referring physiotherapist (Heidi Miller). MRI brain and spine is scheduled for 13 February 2026, and findings will be correlated with clinical progress.

ICD-10 Code: The most appropriate ICD-10 diagnostic codes are G09 (Sequelae of inflammatory diseases of central nervous system), M67.0 (Short Achilles tendon, acquired), and R26.9 (Unspecified abnormalities of gait and mobility).

ICD-9 Code: The corresponding ICD-9-CM diagnostic codes are 727.81 (Contracture of tendon), 781.2 (Abnormality of gait), and 728.85 (Spasm of muscle).

Notes: Not stated in transcript

Doctor Signature:



Linda Camara Buswell

MBChB

Groote Schuur Hospital

Signed At: 2025-11-12