

Lesser Toe Surgery

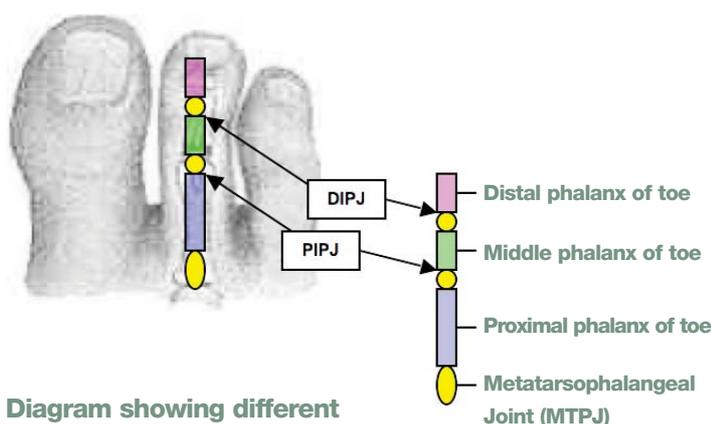


Diagram showing different bones and joints in the toes

Surgery to the lesser toes is usually carried out due to painful deformities that have not been successfully been treated with other methods such as toe moulds, toe socks or shoe modification.

The operation either involves surgery to the soft tissues (lengthening or transferring tendons and releasing joints) or surgery to the bones or joints themselves (PIPJ / DIPJ excision or fusion). This type of surgery is often performed for 'clawing' or 'hammer' toe deformities. A pin is often used to temporarily hold the toe straight whilst healing occurs and is then removed at 6 weeks post surgery.

General points

- A toe joint fusion (stiffening) requires protection in an open shoe or post operative shoe for 6 weeks.
- Elevation of the foot (above the pelvis) for the first 10 days is very important to reduce swelling and help prevent infection.
- You will normally be able to weight-bear on the foot immediately.
- Because the toe swells after surgery, footwear is often still tight at the 6 week stage following the operation. The swelling takes approximately 6 months to disappear.
- Occasionally the wires fall out early, this does not normally matter.

Main Risks of Surgery

Swelling - Initially the foot will be very swollen and needs elevating. The swelling will disperse over the following weeks and months but will be apparent for up to 6-9 months.

Infection - This is the biggest risk with this type of surgery. Smoking increases the risk 16 times. You will be given intravenous antibiotics to help prevention. However, the best way to reduce your chances of acquiring an infection is to keep the foot elevated over the first 10 days. If there is an infection, it may resolve with a course of antibiotics.

Wound problems - Sometimes the wounds can be slower to heal and this does not usually cause a problem but needs to be closely observed for any infection occurring.

Scar sensitivity - The scars can be quite sensitive following surgery but this usually subsides without treatment. If persistent sensitivity occurs then this can be treated.

Nerve Injury - The risk of the small nerves in the area being directly injured by the surgeon is approximately 1%. However, the nerves can become bruised by the surgery as a result of the swelling (10%). Whilst this usually recovers, you could end up with some permanent numbness over the big toe area, which might cause irritation.

CRPS - This stands for complex regional pain syndrome. It occurs rarely (1%) in a severe form and is not properly understood. It is thought to be inflammation of the nerves in the foot and it can also follow an injury. We do not know why it occurs. It causes swelling, sensitivity of the skin, stiffness and pain. It is treatable but in its more severe form can take many months to recover.

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Main Risks Of Surgery

Delayed and non union - This is when the bones fail to join and bone has not grown across the cut bone. If this is painful then further surgery may be needed. The risk of this is approximately 10%.

Deep Vein Thrombosis (DVT) - This is a clot in the deep veins of the leg and the risk of this occurring following foot and ankle surgery is low (generally < 1%). The fact that you are mobile after surgery and able to take weight through the heel of the operated foot helps to minimise this small risk. However, it is sensible to try and move the toes and the ankle regularly following the surgery and probably also sensible to avoid a long-haul flight in the first 4 weeks following surgery. If a deep vein thrombosis (DVT) occurs then you will require treatment with heparin and Warfarin to try and prevent any of the clot travelling to the lungs (pulmonary embolus / PE) which can be much more serious).

Continuing symptoms - Most people (90%) are very happy with the results of their bunion surgery but you can appreciate that if some of the above problems occur then this may affect the end result. Occasionally (5%) the bunion may recur although not usually to the same degree. This is more likely in patients who have more lax ligaments in their feet. If there is a recurrence then you don't necessarily require any further surgery - this will depend upon your symptoms.

Sick Leave

In general 2 weeks off work is required for sedentary employment, 6 weeks for work involving standing or walking, and for manual labour work. We will provide a sick certificate for the first 2 weeks; further notes can be obtained from your GP.

Driving

IF have an AUTOMATIC VEHICLE and ONLY LEFT leg surgery then it is likely you will be allowed to drive after your outpatient review at 2 weeks post surgery. IF you have a MANUAL VEHICLE or RIGHT leg surgery then you will NOT be able to drive until 4 weeks post surgery.

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Post-operative Course

Day 1

- Foot wrapped in bandage and surgical shoe
- Start walking in surgical shoe only
- Elevate, take pain medication
- Expect numbness in foot 12-24 hours
- Blood drainage through bandage expected - Do not change bandage
- Do not remove surgical shoe - even at night
- At 48 hours, you may drive with caution in surgical shoe ONLY IF surgery to left foot only and automatic vehicle (otherwise return to driving at 6-8 weeks post surgery)

10-14 Days

- Follow-up in the outpatients for wound review & removal stitches
- Dressing changed
- Shower when incision dry

6 weeks

- Follow-up in the outpatients
- Removal of wire in outpatients (no anaesthetic required)
- A regular shoe may be worn as comfort allows
- No high heel is worn for three months post surgery

These notes are intended as a guide and some of the details may vary according to your individual surgery or because of special instructions from your surgeon.

sussexfoot&anklecentre

The Sussex Foot & Ankle Centre was founded in 2005 by two orthopaedic surgeons, David Redfern and Stephen Bendall, with the aim of providing a high quality specialist service for the diagnosis and treatment of all foot and ankle problems. Both orthopaedic surgeons are specialists in problems affecting the foot and ankle and have many years of experience. They operate the service with outpatient clinics at the Brighton and Haywards Heath Nuffield Hospitals.

The sussex foot and ankle center strives to provide the best advice and treatment for all foot and ankle problems. This includes sports injuries and trauma, bunions, metatarsalgia, and arthritis. Both surgeons have particular interests in minimally invasive surgery and are at the forefront of developing such techniques in this country.

Both surgeons are also academically very active and have appointments within the national (BOFAS) and international (EFAS) professional foot and ankle surgery societies.

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