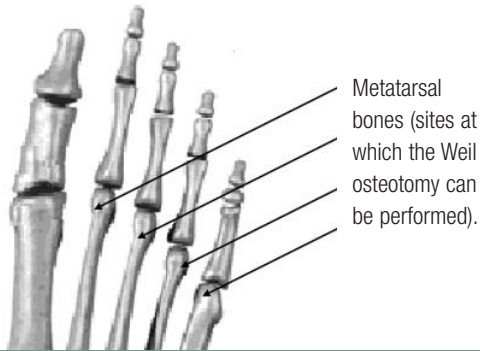


Weil Osteotomy



This operation is often performed for toe deformities (often with an associated bunion deformity of the big toe) and is undertaken when other non-operative means of treatment have been unsuccessful.

Frequently the toe has assumed a 'claw' or 'hammered' position and causes pain in the shoe either on the top of the toe or on underneath in the ball of the foot (metatarsalgia).

The operation is often performed at the same time as a bunion correction and in that circumstance the post operative routine is as for that operation (please see bunion surgery information sheet). A Weil's osteotomy (bone cut) involves a skin incision of approximately 4cm on the top of the foot either over the 'knuckle' of the toe or in the adjacent web space (if more than one osteotomy to be performed).

General Recovery Facts:

- Operation performed under general anaesthetic or regional anaesthetic
- You are able to walk on the heel of the foot the day of surgery
- You must wear your surgical shoe (heel wedge shoe) at all times
- You may not walk on the foot at all even in the house without this shoe
- You may not drive after the surgery for six weeks unless you have an automatic vehicle and only the left foot has undergone surgery
- The surgical shoe is worn for 4-6 weeks

Post-Operative Course

Day 1

- Foot wrapped in bulky bandage and surgical shoe (heel wedge shoe)
- Start walking on the heel 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

Day 7

- Do not remove surgical shoe except in bed
- Moderate pain - continue pain medication
- Elevate as much as possible
- Keep bandaging dry and do not remove (do not change dressing unless instructed)
- 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
- Usually encouraged to begin moving the toe(s) after 2 weeks post surgery
- Often provided with toe alignment splint to wear at this stage (worn for 3 months)
- Dressing changed - Shower when incision dry

6 Weeks

- Follow-up in the outpatients with xray on arrival
- Remove surgical shoe if satisfactory xray
- A regular shoe may be worn as comfort allows
- Do not roll off the forefoot for one more month
- No high heel is worn for two more months

Weil Osteotomy

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 nerves can become bruised by the surgery and as a result of the swelling (10%). Whilst this usually recovers, you could end up with some permanent numbness over the 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.

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 rarely be needed. The risk of this is approximately 5 -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.

Stiffness - The toe joint is almost always more stiff following this surgery because of the scar tissue that forms. The stiffness can be minimised by beginning to move the big toe after 2 weeks from surgery and your surgeon will advise you regarding this. Splinting or taping of the toe(s) may also be required. Most of the movement usually returns but some stiffness may remain permanently.

Continuing symptoms - Most people (90%) are very happy with the results of this surgery but you can appreciate that if some of the above problems occur then this may affect the end result.

Sick Leave

In general 2 weeks off work is required for sedentary employment, 4-6 weeks for standing or walking work. We will provide a sick certificate for the first 2 weeks; further certificates 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 4-6 weeks post surgery (discuss with your surgeon).

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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