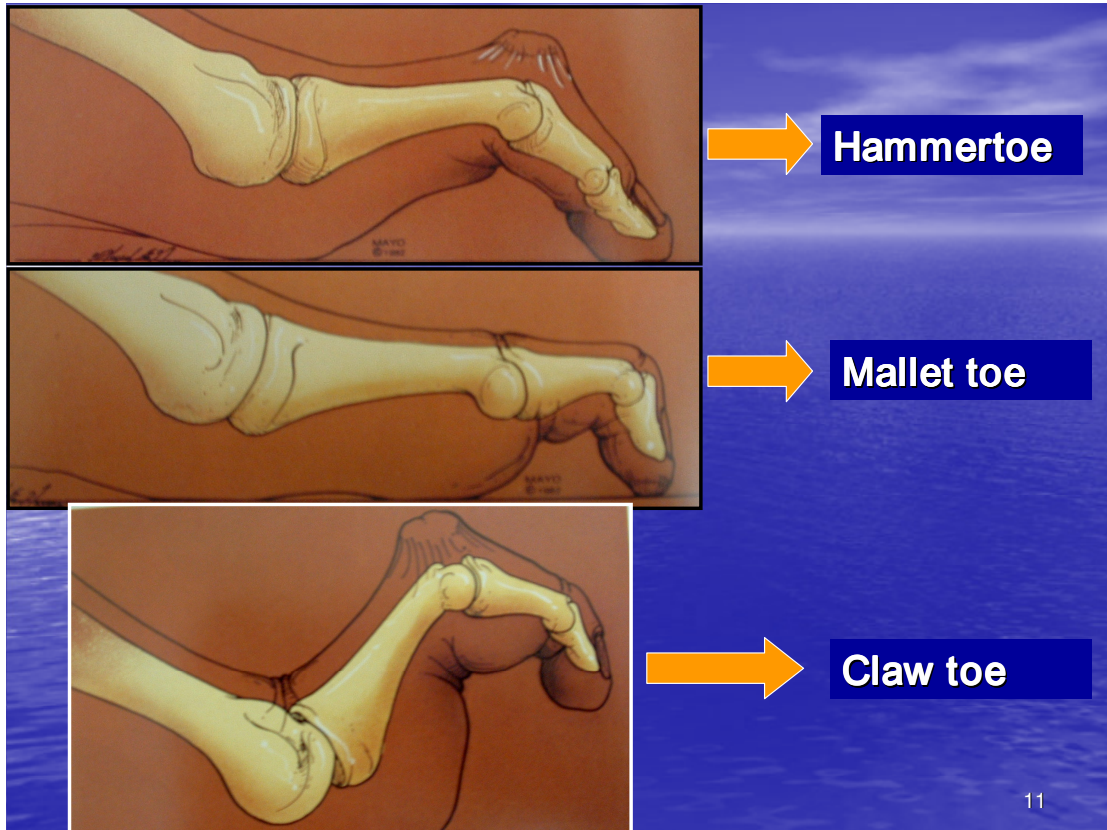


## About Your Operation

### Lesser Toe Surgery

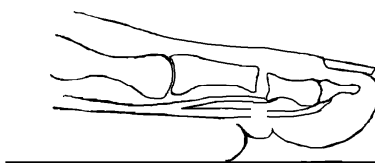
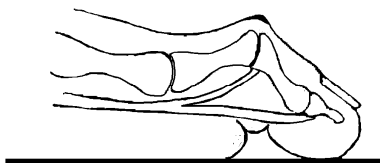
P3



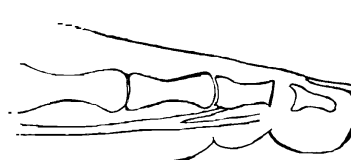
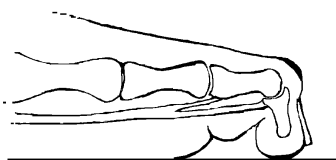
11

### Arthroplasty

Used to treat hammertoe and mallet toe deformity as above. The problem toe will be dealt with by removing a small piece of bone from one side of the small toe joint. The repair is then completed by interposing the capsule and tendon into the realigned joint to stabilize the toe. The toe may not be completely straight but will be improved. The toe will remain swollen for around 4-months after the operation.

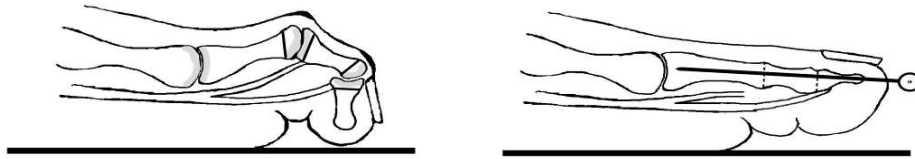


**Hammertoe correction  
by arthroplasty  
(cross-section)**



**Mallet toe correction  
By arthroplasty  
(cross-section)**

## Arthrodesis (often combined with tendon and skin lengthening)



This is used when the toe is retracted at the joint where the toe joins the foot, and when the toe is very unstable. It is also used in the presence of a hallux valgus (bunion-type) deformity of the big toe joint, which isn't painful enough to have corrected. The problem toe will be dealt with by removing a thin piece of the joint from each side. The two pieces are then held together with a Kirchner wire (bone pin) in order to set the toe in a straight position. Usually this is combined with lengthening the extensor tendon on top of the toe, which always becomes tighter and contracted when the toe is retracted. The skin may also be very tight and often requires a plastic surgical technique, called a z-plasty, to lengthen it so that the toe will remain in its corrected position. Occasionally, the long tendon from under the toe is transferred to the top of the toe, which then reduces the deformity. The toe will be stiff and straighter and by realigning the toe, should reduce pressure at the retracted joint which is often inflamed (capsulitis). The Kirchner wire will protrude from the end of the toe and will remain there for 5-weeks; it is then removed in the outpatient clinic. Swelling is common for 4-6 months following surgery.



**Slide to show before and after correction by arthrodesis with K-wire and tendon lengthening for a severely retracted 2nd toe**



**Slide to show skin and tendon (z-plasty) lengthening to correct retracted little toe**

## **Potential Risks and Complications**

This information is provided so that you can make an informed decision over your treatment; it is not designed to frighten you as it should be remembered that the overwhelming majority of our procedures are very successful and all complications are treatable. Your surgery carries the following *unlikely* but *possible* complications:

Infection, (approximately 2% risk). The vast majority of these are soft-tissue infections, treatable by antibiotic tablets as an outpatient. Serious bone infections are very uncommon, but would require hospital admittance for treatment.

Severe pain only occurs in around 7% of cases in the first 24 hour period. We use a combination of local anaesthetic techniques and compound analgesics, which is usually very effective. Rarely, patients can develop Complex Regional Pain Syndrome (cause unknown), requiring specialist treatment at a pain clinic. Adverse reaction to the post operative pain killers can occur. 1 in 50 patients, for example, report that the Codeine preparations make them feel sick.

Haematoma – a painful accumulation of blood at the surgery site, which may result in delayed wound healing and increased infection risk. This is rare complication in our practice (around 1:1000 procedures). A wound wash-out under anaesthetic may prove necessary.

Swelling is common to all surgery and may take 4-6 months or longer to reduce. Research shows that 0.03% of patients may suffer from circulatory impairment with tissue loss

There is an approximate 7% risk of the arthrodesis not fusing properly. In approximately half of these cases the toe remains stable and comfortable without further treatment. If you smoke, you may increase the risk of non-healing by up to 20%. The toe should be stiff but a lot straighter.

Pins / Kirchner-wires may need to be removed early if they become infected or are damaged e.g. by accidentally kicking something unforgiving. This may cause the procedure to fail. You will need to keep the toe protected and dry until the pins are removed. An open sandal is recommended.

Recurrence of deformity is much less common with arthrodesis than arthroplasty. Arthroplasty may leave a small amount of movement in the little toe joint operated on and carries less risk of infection than arthrodesis.

The toe may be weak or not touch the ground following surgery, especially if the retraction was severe.

Vein clots can occur with any lower limb surgery, but in our practice they are seen in less than 1 in 200 cases (compared with general orthopaedics where the occurrence is reported as high as 4 out of 10 cases). Vein clots, or Deep Vein Thrombosis (DVT), is more common in elderly patients, diabetics, obese patients and patients where two or more immediate family members have suffered DVT, stroke or heart attack. If we suspect a DVT we will arrange appropriate tests and scans and if positive, you will be treated as an outpatient, with a period on Warfarin anticoagulant therapy.

Unsightly scarring (hypertrophic or keloid) is possible and is more common in Afro-Caribbean; Middle and far-Eastern skin-types. Scarring can be reduced by starting to use – 3 weeks after surgery – Boots scar reduction pads or Cica care pads. Use of for example, Bio Oil, at 4 weeks onwards, vigorously massaged into and across the scar, is helpful. At 6 weeks following surgery, you may wish to use a hydrocortisone cream to massage vigorously along the scarline twice a day for 2-weeks e.g. HC45 cream; but only if the scar is raised and reddened.

Recurrence or failure of surgery: there is no absolute guarantee that your surgery will be a success. Usually we talk in terms of percentage improvement. The problem/s that you have means your foot is no longer normal. It is certainly not normal to have surgery and therefore your foot cannot ever be normal again. Your Consultant has performed over 8000 foot and ankle procedures, and it is our hope that these experiences and skills will help to rectify your current foot problems. Occasionally, patients do not do well from surgery, for a variety of reasons, often outside of the control of the surgeon or the patient. Very rarely a patient may be left worse off after surgery; although this is extremely uncommon. In these cases further (revision) surgery may prove necessary.

**Please bring this slip with you, pre-signed on the day of your procedure.**

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**Declaration: I have read and understood all the information in this leaflet (P3)**

Full name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Patient

Parent

Guardian