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Toe shortening (form P3A)

The procedure takes about 15 minutes per toe to remove a portion of one of the toe's small joints and insert bone pins. After 5-weeks patients can have the pins removed and the same procedure performed on the other foot, if necessary. The major healing period for this procedure is about three to four months and the results should be lasting.

Surgical Procedure

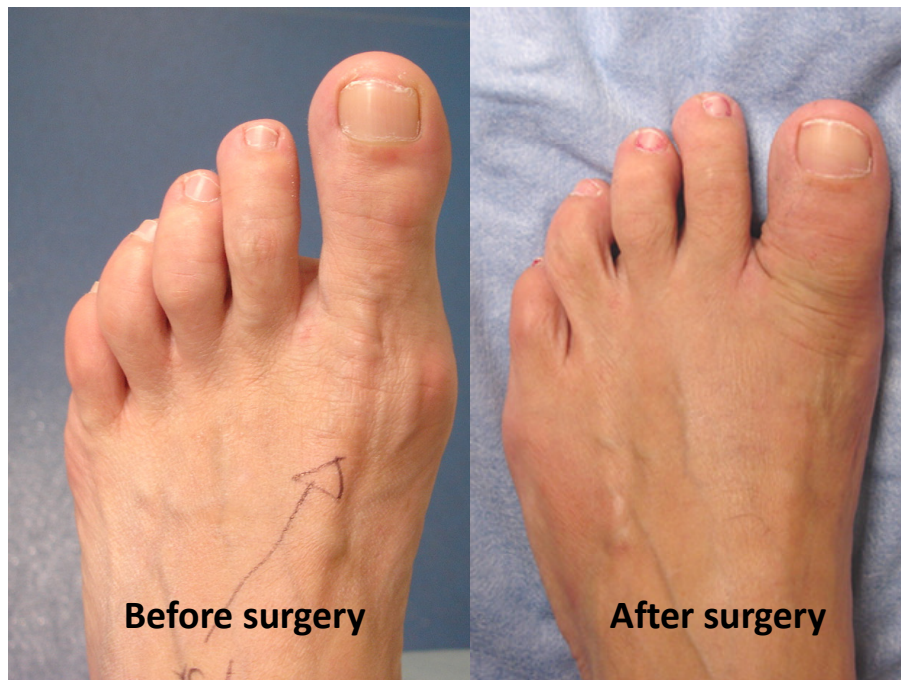
The most critical part of the procedure is determining the appropriate amount and location of bone shortening. Even a few millimeters of shortening can make a significant visual difference. The shortening is performed at either of the two joints within the toe using a specialized bone cutting instrument. Depending upon the amount of bone shortening, a portion of the skin then needs to be remodelled or removed. After the internal shortening has been completed, a plastic sutured skin closure is performed. The new toe length and alignment is immediately evaluated.

Further useful information

The procedure can be performed under local anaesthesia or can be done in an outpatient surgical setting (hospital or surgical facility.) After the surgery the patient is able to walk carefully with full weight-bearing on both feet, without assistance. A special surgical shoe is provided. Approximately seven days after the surgery, the patient is seen for a dressing change. At two weeks post surgery, the patient is seen to remove the sutures. Suture removal is minimally uncomfortable.

During the first two weeks, in order to minimize swelling, decrease recovery time and produce the best results, ice packs should be applied and the feet should be elevated as much as possible. The results are usually permanent, functionally and cosmetically very pleasing; but it should be noted that there will be some loss of flexibility, however this will not affect your ability to exercise or play sports.

A moderate and gradually increasing amount of walking is allowed during the first two weeks after surgery. Pain medication is required for a few days post-surgery. A sandal or roomy trainer type shoes can be worn two weeks after the surgery. The pins are easily removed in the outpatient clinic at 5-weeks, without the need for anaesthetic. Swelling will persist for many months after surgery and you will have to modify your footwear to accommodate this. Driving is permitted after pin removal. We advise the use of various scar-care products, which can be discussed after surgery.



To show shortening of the big toe for a female patient embarrassed about the length of the big toe. Some swelling remains at 3-months, which will resolve in time.

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 other toe procedures such as arthroplasty.

The toe may be weak or not touch the ground following surgery, especially if the toes were retracted e.g. severe hammertoe.

Vein clots can occur with any lower limb surgery, but in our practice they are seen in around 9 in 5000 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.

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.

✂

Declaration: I have read and understood all the information in this leaflet (P3A)

Full name: _____

Signature: _____ Date: ____/____/____

Patient Parent Guardian
