

Lesser Toe corrective surgery

What are Hammer toes / Mallet toes?

Hammer toes and Mallet toes are deformities affecting lesser toes of feet where these toes are permanently bent at either proximal or distal interphalangeal joint. Most people have no symptoms but some develop pain over the joint, develop corns and these cause difficulty with wearing shoes.

What can be done about it?

Conservative management: Most can be managed with the use of appropriate footwear and in some cases with the use of orthotics (inserts used in the shoes). If conservative measures fail to improve symptoms, surgery may be the only option to correct the deformities.

What does the operation involve?

The operation to the forefoot can be performed either under general anaesthesia or regional anaesthesia. The operation itself involves making an incision over the affected toe, removing parts of bone to correct deformities. This may be achieved by resection arthroplasty or interphalangeal joint fusion. A stainless steel wire usually holds it in position while it heals in the corrected position for 4 to 6 weeks. Sometimes a small screw is inserted into this joint which will remain in your body for good.

Is it painful?

Whilst you are in hospital the medical staff will give you pain killers as required and prescribed. When you are at home you may find Paracetamol or Ibuprofen (if tolerated) useful for controlling any pain. Instructions on management of pain will be given by the nursing staff before you leave the hospital.

How long does recovery take? / What happens after surgery?

Most patients will go home the same day or stay in hospital for one night. You have only a padded dressing and bandage to the wound and will be given a special shoe, which helps to offload the forefoot. The physiotherapist will give instructions on how to wear the shoe as well as the use of elbow crutches if necessary.

For the first two weeks you are advised to restrict your walking distance to within the house and garden and keep it elevated to reduce swelling. Your dressing will be changed at around 14 days and the stitches are usually dissolvable. You will need to wear the special shoe for around 4-6 weeks till the wire comes out. Following this it is advisable to wear loose fitting shoes (sports shoes). Normal footwear (which is well fitting) can be worn about three months after the operation. Patients having had only the left foot operated on will be able to drive an

automatic car within two weeks. Those who have had an operation on the right side will be able to drive after about 6-8 weeks.

You are advised not to fly after surgery for about 6 weeks. Swimming will be possible once the wires are removed and the wound is healing satisfactorily. Going back to work will depend on the type of work you do. For example if you have a desk job and can do your work with your foot up and in a special shoe you may be able to return to work after 24 weeks.

If on the other hand you do manual work where there would be a lot of pressure on the foot then you may need 8-12 weeks off work.

Please follow “Precautions following Surgery” as mentioned elsewhere on this website.

What can go wrong?

All operative interventions have an inbuilt risk and complication rate. The risks following arthroscopy to the ankle are as follows:

- Infection
- Bleeding into the joint
- Swelling & stiffness
- Nerve injury (numbness over parts the foot)
- Deep vein thrombosis (blood clot in leg vein), pulmonary embolism (clots in lungs)
- Recurrent symptoms, scar, failure of operation needing revision surgery
- Complex regional pain syndrome

The above complications are rare but can occur.

www.nefaas.co.uk