

MANAGEMENT OF TOE DEFORMITIES

**Information for patients,
relatives and carers**

This booklet has been provided to help answer some of your questions

Leaflet Reference: ToeDef0115

What is a toe deformity?

You have been diagnosed with a toe or 'digital' deformity, which is an abnormally shaped toe that rubs against adjacent toes or your shoes. The affected toe usually sticks out and the joint may be fixed or contracted into a bent position.

Symptoms include soreness between the toes, over the joint, or on the tip of the toe. Hard skin or corns may form and the toenail may also be damaged. These symptoms tend to be relieved by wearing wider/ deeper or open-toed shoes, and temporary relief may be provided by chiropody treatment.

How is the diagnosis made?

The diagnosis is made by examining your foot and checking for hard skin and corns, as well as looking at the alignment of your toes when you stand up. X-rays are not usually required.

What are the treatment options?

Non-surgical treatment

1. Wider/ deeper fitting shoes.
2. Regular podiatry/ chiropody treatment.
3. The use of padding, splints or toe props to help prevent painful parts of the toe making contact with the ground or rubbing against other toes.
4. Wearing simple insoles in your shoes as these can help to provide extra cushioning.

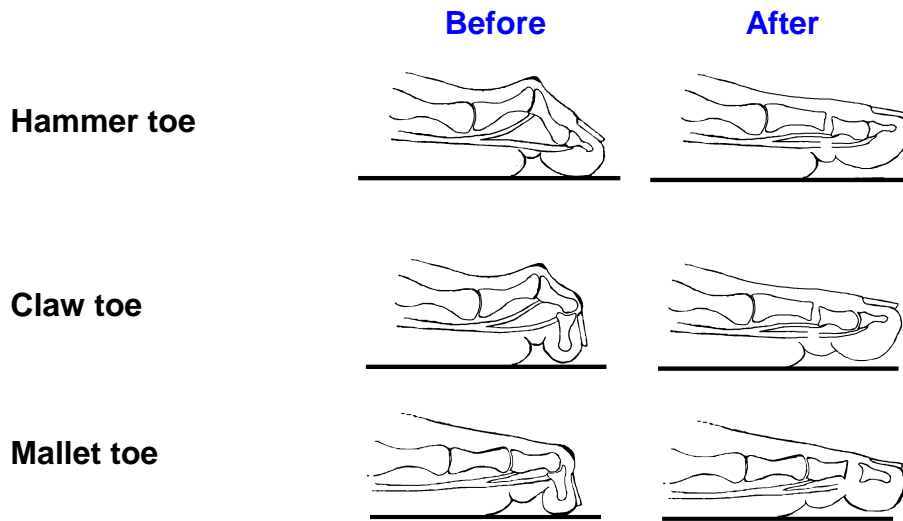
Surgical treatment

If non-surgical treatment fails to relieve your symptoms, we can offer you an operation to straighten the bent toe. It is usually done as a day case under local anaesthetic, which means that you will be awake and will not need to stay in hospital overnight.

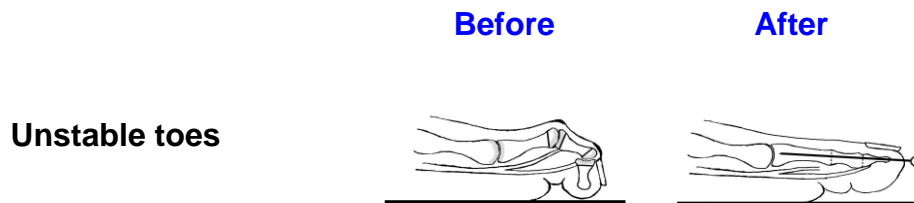
Please note that your foot, or lower leg and foot, will be numb from the anaesthetic for 6-8 hours.

During the operation, an incision (cut) will be made on the top of your toe and your toe straightened using one of the following methods:

1. **Arthroplasty** involves straightening the toe by removing half of the bent joint, making it mobile again. This method is used to correct the following toe deformities:



2. **Arthrodesis** involves straightening the toe by removing the whole of the bent joint and placing a wire through the toe whilst the two bone ends fuse together. The end of the wire will be visible at the top of your toe after the operation. The toe will then be fixed in one position and will not bend again. This particular operation is generally selected for more unstable toes, or when a bunion is present.



What are the risks associated with this operation?

Specific complications associated with toe surgery are:

- 2.5% risk of your toe being weak after surgery and not touching the ground.
- 3.5% risk of the bent toe not being straightened enough.
- 8.7% risk of the problem coming back.
- For arthrodesis patients, there is a 0.93% risk of the pin becoming loose or needing to be removed early - this may result in the bones not healing together.

Complications associated with foot surgery in general include:

- 11% risk of prolonged swelling for up to 6 months.
- Less than 2% risk that the operation will not relieve your current pain.
- 1.1% risk of post-operative infection, which can be resolved by antibiotics.
- 1% risk of DVT/ thrombosis (blood clot) and a 0.1% risk of pulmonary embolism (blood clot in the lungs).
- 1.03% risk of delayed healing for several weeks after surgery.
- 14% risk of a thickened scar, which may cause irritation with footwear.
- 0.83% risk of movement of the screws or pins used to secure the bones together in their corrected position. This can cause delayed healing and problems with the two sections of cut bone joining together (also known as 'non union of bone').
- 0.62% risk of 'chronic pain syndrome'. This is a rare condition and we are not sure what causes it, but we do know that it can be associated with trauma (injury) or sometimes surgery.
- 0.87% risk of further surgery being required to correct any complications which occur after the original operation.

Before your surgery

We will ask you to come to the clinic before your operation for a pre-operative assessment. This appointment will last approximately 30 minutes, when you will be asked about your medical history, medications and allergies. Your blood pressure will be taken, you will be tested for MRSA (this procedure is explained in a separate leaflet), and asked to sign a consent form.

If you have any questions or concerns, or if you do not understand anything that is said during this appointment, please do not hesitate to ask.

Getting things ready for your return home after surgery

- Ensure that you have a supply of over-the counter analgesics at home, ready for your return after surgery. You can take Paracetamol 500mg or Ibuprofen 200mg.
- Move essential items to a height that means you do not have to bend down low to reach them.
- If you have a freezer, stock it with easy-to-prepare food. Ensure you have ice or frozen vegetables in your freezer to apply to the back of your knee after your operation.
- Arrange for relatives and friends to do your heavy work (such as changing your bedsheets, vacuuming and gardening) and your shopping, as you will find it difficult to carry shopping whilst on crutches.
- If you live alone, set up a place where you can eat your meals in the kitchen; it will be difficult to carry items such as plates or cups and maintain your balance.

Is there anything I should do to prepare for the operation?

- Please arrange for a friend or relative to escort you home after your operation. You will need to organise your own transport home by car with someone else driving, as you will not be able to drive and should not travel home on public transport.
- You can take all your medications as usual. However, if you take blood-thinning medications such as **Warfarin** or **Aspirin**, it is very important that you inform us before you come for surgery, as you may need to stop taking them for several days beforehand. If you have **asthma** or **angina**, please take your medicines as normal and bring a supply with you when you come for your appointment.
- On the day of your operation, please wash your feet thoroughly with warm soapy water, lightly scrub around the toenails with a soft brush, and remove all nail polish (as appropriate).
- You can eat and drink normally unless we have told you otherwise.
- Please do not wear make-up, nail varnish or jewellery (including body piercings) when you come for your procedure.
- To help you relax during the operation, you can bring a personal stereo or something to read. You may spend up to three hours at the Surgery Centre on the day of your operation, so you might like to bring a drink and a snack with you.
- As your foot will be bandaged after the operation, please wear either wide-legged trousers or a skirt that you can get over your bandage. You may also wish to bring a pair of shorts to wear under your theatre gown.

What happens on the day of my operation?

When you arrive at the surgery centre on the day of your operation, please report to the reception desk on the first floor. The surgeon will ask you to confirm your consent for him/ her to do the operation. If you require a Medical Certificate ('sick note') for your employer, this should be requested from your GP.

We will ask you to change into a hospital gown (and shorts if you have brought a pair with you) before taking you to the prep room. First, we may insert a Venflon (small needle, or 'cannula') into the back of your hand, which will allow us to give you fluids or medicines in the event of an emergency.

The operation will be done under a local anaesthetic, using a 'toe block', where the podiatrist will give you a series of injections to numb the toe before starting the operation. However, if this is part of a bunion procedure, we may use an ankle block (where your foot will be numb from the ankle downwards). The surgeon will already have discussed with you which type of anaesthetic will be used for your operation.

You will then be left to rest for a short time to allow the anaesthetic to fully take effect before surgery. You will be shown how to use crutches (if required) and given advice about coping with stairs and so on.

When the area is completely numb, you will be taken into the operating theatre for your procedure. The wound will be closed with sutures (stitches), which will need to be removed 10 – 14 days after surgery. It will be covered with a dressing and a 'tubigrip' bandage, which must stay in place until your next clinic appointment - the procedure takes approximately 15 minutes to complete.

What happens after the operation?

You will return to the recovery room, where a nurse will remove the Venflon from your hand and fit your operated foot with a surgical shoe. Providing you are well, you should be able to go home approximately 40 minutes after your operation.

We will give you a 3-day supply of pain medication to take home with you. It is important that you start taking the painkillers before the anaesthetic completely wears off, as this will allow you to remain comfortable and pain-free.

Is there anything I need to watch out for at home?

You should seek assistance immediately if you experience the following symptoms:

- Unbearable pain, not relieved by painkillers
- Tight bandages – constant tingling, pins and needles or blue toes. In an emergency, you can loosen the bandage yourself, but please seek medical advice as soon as possible.
- Pain or swelling in your calves or the veins in your legs
- Difficulty in breathing or chest pain
- A high temperature or fever (38° or above)

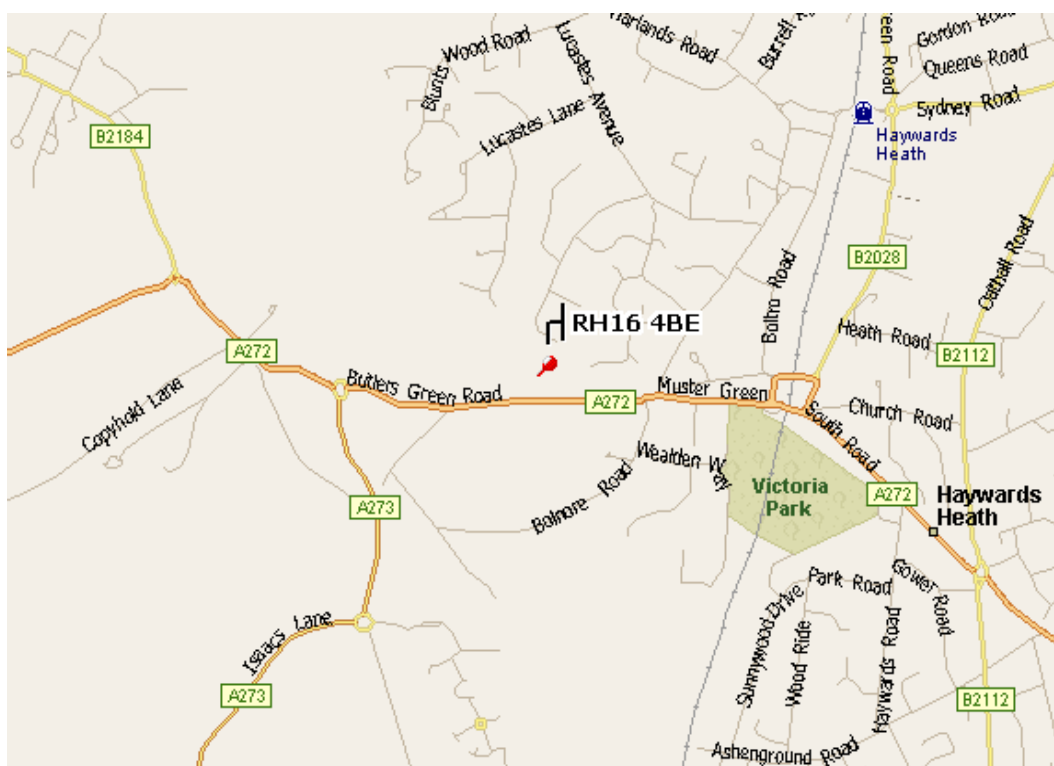
If a problem arises during clinic hours (9.00am – 4.00pm, Monday - Wednesday), please contact the Podiatric Surgery Unit on **01444-238895**. The team will alert a member of the surgery team, who will telephone you to discuss your symptoms and advise you on how to proceed.

If a problem arises outside of clinic hours for the first 4 days after your procedure, contact the on-call surgeon on **07778-808220** and describe your symptoms/concerns, giving as much detail as possible. If you have a clinical emergency after this time period please contact your GP on-call service or attend A&E.

If you are told to do so, you should make your way to:

The Kleinwort Centre
Butlers Green Road
Haywards Heath
West Sussex
RH16 4BE

Tel: 01444-445600



(The Kleinwort Centre is located on the A272, opposite Beechurst Gardens in Haywards Heath)

The on-call surgeon will contact the Kleinwort Centre to let them know that you are on your way. He will meet you there and administer appropriate treatment. Afterwards, a non-urgent appointment will be made for you to return to the Sydney West Podiatry Centre for routine treatment during normal clinic hours.

Will I need to visit the Sydney West Centre again?

Yes. You may need to return to the clinic for follow-up appointments 1 week and 2 weeks after surgery.

If you have had **arthrodesis**, you will also need to return 6 weeks after your operation to have the wires removed.

How do I look after my foot at home?

For the first 7 days after surgery

- Keep your leg elevated (raised) as much as possible, as this will help minimise pain and swelling. Only walk to the toilet and back, always wearing your surgical shoe. **Do not drive.**
- You must wear your surgical shoe at all times when you are weight-bearing (i.e. standing or walking), but it can be removed when resting or in bed.
- Take your painkillers at regular intervals and as prescribed, starting before the anaesthetic wears off. Even if you do not have any pain, it is advisable to take the anti-inflammatory tablets (if prescribed) as they reduce swelling.

- Ice can be used to reduce pain and swelling. At home, you should wrap some ice cubes or a bag of frozen peas (or similar) in a damp tea towel and place behind your knee; this should be held in place *for no more than 20 minutes at a time*, but you can do this several times a day. We advise that you place it behind your knee rather than on your foot, as this will prevent your wound from getting wet and can also help the anaesthetic last longer. Always check your skin afterwards, as ice can burn and cause blisters - you should never place plastic bags of ice or frozen vegetables directly onto the skin.
- To reduce the risk of DVT (deep vein thrombosis) or the formation of blood clots,
 1. drink plenty of fluids, but avoid alcohol
 2. do not smoke, as smoking impairs wound healing.
- Help your blood to circulate to your operated foot by
 1. rotating the ankle and bending the knee regularly
 2. keeping the tubigrip up to knee level
 3. walking to the toilet and back again.
- Please **keep your wound dry** (do not bath or shower) until you have had your second follow-up appointment, approximately 2 – 3 weeks after surgery.

5 – 7 days after surgery

- We will give a telephone call and review your recovery.
- If all is well, you will be able to increase your activity, although it will still be a good idea to elevate your leg regularly as this will minimise swelling.
- We will advise you to start walking on your heel, wearing your surgical shoe. Throughout the week, you should build up to putting weight on your whole foot.
- You should continue to keep your wound dry and your tubigrip up to the knee at all times.
- If you still need painkillers at this stage, you may be trying to do too much and not resting your foot enough.

10 – 14 days after surgery

- We will ask you to return to the Clinic to have your stitches removed. The dressing and tubigrip will also be removed at this appointment. **Please bring a loose-fitting shoe (for your operated foot) with you to this appointment.**
- **Please note that if you have had arthrodesis and have a wire protruding from your toe, you will have to be relatively careful and continue to wear your surgical shoe until the wire has been removed 6 weeks after your operation.**
- We may give you some daily exercises to help with joint mobilisation and tendon strengthening. These exercises may cause some discomfort or pain, but they are essential to prevent joint stiffness. You should continue to do these exercises for 3 months after your operation.

- When your stitches and dressings have been removed, you will be able to bath, shower and swim as normal.
- You can massage your scar with vitamin E oil, cream or gel to improve its appearance.
- At this stage, we encourage most patients to return to wearing loose-fitting shoes.

When can I get back to normal?

You will probably need to take 2 – 3 weeks off work, depending on the type of job that you do, how far you need to travel and how well your foot is healing. You can obtain a Medical Certificate from your GP.

We advise that you **do not drive** until you are able to wear a shoe on your affected foot and you can perform an emergency stop without discomfort. It is important to inform your insurance company that you have had an operation to ensure that you are covered in the event of an accident.

How do I make a comment about my treatment?

We aim to provide the best possible service and staff will be happy to answer any questions you may have. If you have any **suggestions** or **comments** about your visit, please speak to a member of the surgical team or contact the Service Experience Team as follows:

The Sussex Experience Team
Sussex Community NHS Trust
FREEPOST (BR117)
Elm Grove
Brighton
BN2 3EW

Tel: 01273-242292

Email: SC-TR.serviceexperience@nhs.net