



Digital fusion

Introduction

This leaflet will explain what will happen when you come to the hospital for an operation to repair a hammer or mallet toe deformity.

Why do I need this surgery?

Hammer or mallet toe deformity occurs when the toe has buckled. This leads to pressure on the toe from shoes and to a painful corn or possible ulcer on the toe. Surgery is aimed at straightening the toe by removing part of the joints and fusing the bones together. This will allow the toe to flatten and thereby remove pressure from the shoe.



What does surgery involve?

On the day of surgery you will be admitted to the ward and one of the nursing staff will check you in, take your blood pressure and any other tests that may be required. Your surgeon will remind you of the surgical process and possible complications and will ask you to sign a consent form. If necessary you will be shown how to use crutches, one of the team will explain the best way to use these. At some point during the morning/afternoon you will be escorted to theatre. You may bring a personal stereo or ipod into theatre or a book. You should eat a light meal before the surgery and do not have to go without food or water as this type of surgery is done under local anaesthetic (you will be awake but your foot will be numbed).



X-ray showing fusion of toe

Via an incision on the top of your toe the joint is exposed and a piece of bone including the joint is removed from the two ends of the bone. A wire is inserted through the toe to hold the pieces of bone together while they fuse. The wound is stitched with non-dissolvable sutures.

The operation usually takes about 30 minutes. You will have a bulky dressing on your foot and you will be given a post-operative shoe to wear.

After the operation you will return to the ward, and when advised by the nurses, you can eat and start taking your painkillers. Your surgeon will then visit you to answer any questions and discharge you from hospital.

You should not drive after foot surgery and should be accompanied home by a responsible adult.

You will be advised of your follow up appointment date, either on the day or by letter in the post.

How will I feel afterwards?

Although long-acting local anaesthetic, administered during the procedure, should control most of the pain for about 8 to 10 hours, you can expect some pain or discomfort after the operation. Painkillers will be discussed with you prior to your operation and you should bring these with you on the day of surgery.

Recovering from surgery

The first 2 days

Restrict your activity to going to the toilet only. You will be able to stand and take weight on your heel. Bend your knee and ankle periodically to stimulate circulation. Most people are able to stop taking their painkillers after 48 hours. Do not leave the house, drive or get the foot wet. If you have a plaster cast applied you must not take any weight on this foot but use the crutches for support.

2-7 days

You should aim to be moving around the house for 20 minutes in each hour resting with your foot elevated for the remaining 40 minutes. Do not go out of the house, drive or get your foot wet. If you have a plaster cast, do not bear weight through the foot. Use the crutches.

At 7 days

Your foot will be checked in the outpatient clinic and your dressings will be changed. Your surgeon may advise you to increase your activity but you should still stay in your house, do not drive and keep your foot dry. Stay in your post-operative cast and use crutches as required.

At 14 days

At the second post-operative appointment you will probably have the stitches taken out. This is normally painless. You will be advised to gradually increase your activity and gently exercise. If you have a plaster cast this will be removed, the stitches taken out, the foot cleaned and an x-ray may be taken to establish how well the bone is fusing. Another cast will be applied for an additional two to four weeks. Continue to stay off this foot and use crutches for support.

At 6 weeks

The wire will be removed and an x-ray will be arranged to see if the joint has properly fused. If this is the case you will be able to start wearing normal wide shoes or an aircast boot. After that you can start mobilising as is comfortable.

What are the possible risks and complications?

No surgery can guarantee to be successful but the vast majority of people are satisfied with the outcome of their surgery. The following information outlines the more common complications relating to foot surgery in general and more specifically to the type of operation that you are having.

General complications of foot surgery

- Pain. There will be post-operative pain. For most people the pain passes after 24-48 hours and is tolerable with regular painkillers (following dosage recommendations).
- Swelling. This is a normal outcome of any operation. The extent of post-operative swelling varies and cannot be predicted. In some people the swelling reduces within a matter of weeks and in others could take many months. Application of an ice pack greatly reduces the swelling.
- Infection. There is a small risk of infection with all surgery. This would be treated with relevant antibiotics. Look out for redness and discharge from the wound.
- Deep Vein Thrombosis. Also known as Venous Thromboembolism (VTE), this is a rare complication of foot surgery under local anaesthetic. The risk increases if you are having a general anaesthetic. There is also an increased risk if you take the contraceptive pill, HRT or smoke. Immobilising the leg in a cast also increases the risk of a DVT. If you have had a DVT in the past, please tell your surgeon. If you do have certain risk factors you will have an injection to thin your blood on the day of surgery. This might need to be repeated for up to 7 days following surgery.
- Complex Regional Pain Syndrome (CRPS). This is a rare but difficult complication. This is an abnormal response of the nervous system to surgery but can happen after simple trauma. This can lead to a variety of painful sensations in the foot, which require medical and pain relieving techniques.
- Scarring: As a result of your surgery you will have a scar on your foot. To begin with the scar will be raised, red and sensitive but with time it will usually settle.

Specific complications of digital fusion

- The toe may not grip the ground as well as it used to. This is rarely a problem.
- In some cases, the joint of the toe may become thicker with time and the other joint in the toe might buckle.
- The toe may be swollen after the operation; rarely, this can persist.
- Sometimes, the scar line is sore. This will normally ease with time.

- Infection can occur through the pin so it is important to keep your foot clean.
- The skin sensation may be altered, possibly permanently. This is not usually a problem.
- Occasionally, the wire can fracture and will need to be surgically removed.
- The bones might not knit together, or may take longer than expected.
- There may be some shortening of the toe.

Useful numbers

Baddow Hospital	01245 474070
Baddow Emergency Contact Nurse	07591 977965
Queen Anne Street Medical Centre	020 7034 3301

Any concerns you may have during the first 24 hours following your discharge from hospital please telephone the ward you were on. After 24 hours please seek advice from your GP.