



MR EWAN KANNEGIETER

Consultant Podiatric Surgeon

kannfootsurgery.com

Digital excision arthroplasty (hammer toe repair)

Introduction

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

Why do I need this surgery?

This operation is performed because your toe has buckled leading to a hammer toe deformity. The deformity could be at either of the two joints in your toe. Often pressure from the shoe makes the joint sore and in extreme cases the skin could ulcerate. This procedure is designed to straighten the toe via removal of the joint. This should leave the toe flexible and straight.



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.

Your surgeon will numb your foot via a series of injections around the toe or ankle. As the surgery is performed under local anaesthetic only, you can have a light meal before the procedure.

At some point during the morning/afternoon you will be escorted to theatre. You may bring a book, ipod or personal stereo into the theatre.

An incision is made on the top of the toe and a piece of the joint is removed in order to allow the toe to straighten and be more flexible. Once corrected, the toe is sewn up using a combination of dissolvable and non-dissolvable stitches.

The operation only takes about 15-25 minutes. You will have a bulky dressing on your foot.



The benefit of this procedure is that healing is usually rapid and crutches are not usually necessary afterwards.

After the operation you will be taken back to the ward where you will be given a drink and biscuits. You should start taking your painkillers. You will be discharged from the hospital having gone through the *Post-operative appearance of toe* post-operative instructions and made sure that you are fit to leave hospital. You will be supplied with a special post-operative boot and wheeled to your transport.

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.

2-7 days

You should aim to be moving around for 15-20 minutes in each hour (not all in one go) resting with your foot elevated for the remaining 40 minutes. Do not go out of the house, drive or get your foot wet.

At 7 days

You will be seen in outpatients and the bandages will be changed. You will be advised on rest and mobility. You will need to stay at home for 7 further days resting with the foot elevated. Move around for 20 minutes in the hour.

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 your toes. You may bathe normally and apply moisturising cream to improve your skin condition. You should apply ice compresses to reduce swelling. You should now be able to wear a wide comfortable shoe and return to normal routines. Bandages are no longer required. Over a period of months the swelling will reduce.

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 normally settle.

Specific complications of arthroplasty

- The toe may not grip the ground as well as it used to.
- In some cases, the joint of the toe may become thicker.
- The deformity can recur; some of the bone can re-grow.
- Sometimes, the toe may remain slightly floppy.

This leaflet is intended as a guide only. Your own post-operative recovery may vary.

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.