


PATIENT INFORMATION SHEET

<b>9</b>	<b>TOPIC</b>	<b>Hallux Rigidus (Arthritis of Big Toe Joint)</b>	
<b>PROCEDURE</b>		<b>Reduction by Cheilectomy Procedure (Trimming of Joint Edges)</b>	
			
<b>AIMS OF SURGERY</b>		<p>To reduce pain and deformity.                  To improve the big toe movement &amp; alignment [press on the ground less painfully].                  To reduce callus / corn formation</p>	
<b>ADVANTAGES OF THIS OPERATION</b>		<ul style="list-style-type: none"> <li><input type="checkbox"/> Localised procedure which does not involve other joints</li> <li><input type="checkbox"/> Can preserve the joint and improve the range of movement</li> </ul>	
<b>SPECIFIC RISKS OF THIS OPERATION</b>		<ul style="list-style-type: none"> <li><input type="checkbox"/> Feeling of stiffness</li> <li><input type="checkbox"/> Big Toe does not touch ground (floating toe)</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Joint may deteriorate due to being disturbed</li> </ul>
<b>OVERVIEW</b>			
<b>Operation time</b>		Usually around 60 minutes	
<b>Incision placement</b>		Usually on top of the toe	
<b>Stitches</b>		We try to use absorbable stitches (where possible)	
<b>Fixation</b>		Not usually required	
<b>Will I have plaster?</b>		This is not normally necessary. If your particular operation requires a plaster we will let you know in advance	
<b>Is this a Day Procedure?</b>		Yes, you can usually go home the same day (you will usually be admitted for half a day)	
<b>Estimated time off work</b>		Non-manual work approximately 4-6 weeks Manual work 6-8 weeks	
<b>INDICATIONS FOR THE PROCEDURE</b>		Arthritis from interphalangeal joint of toe Pain from prominent joint Difficulty with shoe fit despite wearing sensible footwear	
<b>ALTERNATIVE TREATMENTS</b>		Manage your symptoms by altering activity levels, using painkillers, changing footwear/ extra-width or special footwear possibly with an in-shoe foot support. (The use of insoles/orthoses or toe splints has not been shown to correct toe deformity)	
<b>GENERAL RISKS OF SURGERY</b>		The anaesthetic options and general risks of foot surgery are outlined in the Generic Pre-operative Information Booklet for Patients with which you will have already been provided <b>YOU SHOULD READ THIS LEAFLET IN CONJUNCTION WITH THE GENERIC PRE-OPERATIVE INFORMATION BOOKLET FOR PATIENTS (Numbered 1)</b>	
<b>MORE INFO BY:</b>		<ol style="list-style-type: none"> <li>1. Speaking with your consultant or one of the clinical team</li> <li>2. Reading the information provided</li> <li>3. Looking at our Department's NHS Choices information or the Faculty of Surgery website</li> <li>4. See our Podiatric Surgery public facing website pages on <a href="http://www.herefordshire.nhs.uk/">http://www.herefordshire.nhs.uk/</a></li> </ol>	

## **Surgery to Reduce Hallux Rigidus**

### **Reduction by Cheilectomy Procedure** (Trimming of Joint Edges)

#### Answers to Common Questions

#### **The Operation**

The operation is usually performed under a local anaesthetic, around the metatarsal or the ankle and most patients find this to be more comfortable than a dental injection.

The operation takes about an hour, although you will be in the Day Surgery unit for longer. You must have a competent adult at home for the first day and night after surgery. This allows us to be sure you will be safe for the first night.

#### First 2-4 days

- This is the worse time for pain but you will be given painkillers to help. You must rest completely for 2-4 days.
- You will be able to stand and take weight carefully (using crutches) after the operation, but you must rest, with your feet up, as much as possible.
- You should restrict your walking to going to the bathroom and when getting about use your crutches in the way you will have been shown.
- You can get about a little more after 3 days.

#### 7 days after surgery

- You will need to attend for your foot to be checked and re-dressed.
- You may start to do a little more within pain limits. Pain means you are doing too much.

#### Two weeks after surgery

- You must attend again. Sutures will be removed unless there are any on the sole of the foot (these are taken out after 3 weeks).
- You will not need a bandage, probably will not need the crutches and can get the foot wet providing the wound has healed satisfactorily.

#### Between 2-8 weeks after surgery

- The foot starts to return to normal and you can return to shoes at 4-8 weeks.
- The foot will still be quite swollen especially at the end of the day.
- You may require a review appointment at 4-6 weeks
- You may return to work but may need longer if you have an active job
- You may return to driving if you can perform an emergency stop. You must check with your insurance company before driving again.
- Whilst normal activity will be resumed, sport should be avoided.

#### Between 8-12 weeks after surgery

- The foot should continue to improve and begin to feel normal again.
- There will be less swelling.
- Sport can be considered after 3 months depending on your recovery.

#### Six months after surgery

- You will have a final review between 3- 6 months following surgery.
- The swelling should now be slight and you should be getting the full benefit of surgery.

#### Twelve months after surgery

- The foot has stopped improving with all healing complete.

Please note; if a complication arises, recovery may be delayed.