

PATIENT INFORMATION SHEET

<b>12</b>	<b>TOPIC</b>	<b>HALLUX RIGIDUS (ARTHRITIS OF BIG TOE)</b>	
<b>PROCEDURE</b>		<b>1<sup>st</sup> MTP JOINT FUSION</b>	
<b>AIMS OF SURGERY</b>		To reduce pain and deformity To improve the big toe alignment [make straighter] To reduce callus / corn formation	
<b>ADVANTAGES OF THIS OPERATION</b>		<input type="checkbox"/> Reduces the instability / misalignment which is the cause of the deformity	
<b>SPECIFIC RISKS OF THIS OPERATION</b>		<input type="checkbox"/> Stiffness/wear in nearby joints <input type="checkbox"/> Pressure to Hallux	<input type="checkbox"/> Non-union of bone (bone does not knit together) <input type="checkbox"/> Fixation problems (with the screws/plates/pins)
<b>OVERVIEW</b>			
<b>Operation time</b>	Usually between 45 to 75 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>	Internal fixation is used. This may be bone screws, pins or a plate with screws. You will not normally notice these and they do not usually need to be removed		
<b>Will I have plaster?</b>	This is usually necessary. Usually for about 4- 6 weeks. The team 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 6-8 weeks Manual work 8-10 weeks		
<b>INDICATIONS FOR THE PROCEDURE</b>	Unstable or arthritic 1 <sup>st</sup> metatarsophalangeal joint (big toe 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 a toe protector or in-shoe foot support. Intra-articular injection therapy. Exercises. 1 <sup>st</sup> MTP joint excisional arthroplasty or joint implant. (see leaflet 11 regarding options where the joint cannot be preserved)		
<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>	1. Speaking with your consultant or one of the clinical team 2. Reading the information provided 3. Looking at our Department's NHS Choices information or the Faculty of Surgery website 4. See our Podiatric Surgery public facing website pages on <a href="http://www.herefordshire.nhs.uk/">http://www.herefordshire.nhs.uk/</a>		

## Surgery to Reduce Hallux Rigidus

### 1<sup>st</sup> MTP JOINT FUSION

#### Answers to Common Questions

##### The Operation

The operation is usually performed under a local anaesthetic injection, around the ankle or back of the thigh 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 in a **non-weight-bearing cast** to below the level of your knee. You will only be able to stand and take weight carefully through your other leg and crutches after the operation, but you must rest, with your feet up, as much as possible. You should be restricted to bathroom privileges only.
- When getting about use your crutches in the way you will have been shown. **DO NOT PUT ANY WEIGHT THROUGH THE OPERATED FOOT**

##### One week after surgery

- You will need to attend for your foot to be checked and if necessary redressed and re-casted.
- You are still greatly restricted because you are in a **non-weight-bearing cast**. However if practicable the use of a wheelchair may be helpful. These can be hired from your local Red Cross

##### Two to three weeks after surgery

- You must attend again. Sutures or skin staples will be removed
- You will then be placed into the non-weight-bearing cast for a further 2-3 weeks.

##### Four to six weeks after surgery

- The non-weight-bearing cast is removed and commonly replaced with a **walking boot** which enables you to put your foot to the floor and weight-bear.
- You may return to work if you have a sedentary occupation but will need longer if you have an active job

##### Six to eight weeks after surgery

- The walking boot will be removed and you will return to normal lace-up shoes. The foot should continue to improve and begin to feel normal again.
- 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.
- 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.**