

PATIENT INFORMATION SHEET

14	TOPIC	HALLUX RIGIDUS (ARTHRITIS OF BIG TOE)	
PROCEDURE		1st MTP JOINT SILASTIC IMPLANT	
SPECIAL NOTE	<p>NICE (National Institute for Clinical Excellence) guidance states “current evidence on the safety and efficacy of metatarsophalangeal joint replacement of the Hallux appears adequate to support the use of this procedure provided that the normal arrangements are in place for consent, audit and clinical governance”. http://guidance.nice.org.uk/IPG140/PublicInfo/pdf/English NB: The Swanson Silastic Double Stem Implant as shown has been used in this department for the last 20 years with good success</p>		
AIMS OF SURGERY	To reduce pain and deformity To improve the big toe joint stiffness		
ADVANTAGES OF THIS OPERATION	<input type="checkbox"/> Preserves the range of movement of the 1 st MTP Joint <input type="checkbox"/> Does not require a cast/fixation		
SPECIFIC RISKS OF THIS OPERATION	<input type="checkbox"/> Joint stiffness (due to jamming) <input type="checkbox"/> Implant rejection / Silicone reaction		<input type="checkbox"/> Increased risk of infection (antibiotic issued) <input type="checkbox"/> Wear/disintegration of the implant
OVERVIEW			
Operation time	Usually between 45 to 75 minutes		
Incision placement	Usually on top of the toe		
Stitches	We try to use absorbable stitches (where possible)		
Fixation	Not required.		
Will I have plaster?	This is not usually necessary		
Is this a Day Procedure?	Yes, you can usually go home the same day (you will usually be admitted for half a day)		
Estimated time off work	Non-manual work approximately 4-6 weeks		Manual work 6-8 weeks
INDICATIONS FOR THE PROCEDURE	Stiff or arthritic 1 st metatarsophalangeal joint (Hallux Rigidus) which is beyond preserving and where; the expected patient activity and the forces acting through the joint, the stability of the foot and the quality of the bone are appropriate for such a joint implant.		
ALTERNATIVE TREATMENTS	Manage your symptoms by altering activity levels, using painkillers, changing footwear/ extra-width or special footwear possibly with an in-shoe foot support. Intra-articular injection therapy, exercises. Joint fusion or excisional arthroplasty (see leaflet 11 regarding options where the joint cannot be preserved)		
GENERAL RISKS OF SURGERY	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 YOU SHOULD READ THIS LEAFLET IN CONJUNCTION WITH THE GENERIC PRE-OPERATIVE INFORMATION BOOKLET FOR PATIENTS (Numbered 1)		
MORE INFO BY:	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 http://www.herefordshire.nhs.uk/		

Surgery to Reduce Hallux Valgus by 1st MTP JOINT SILASTIC IMPLANT

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 2-6 weeks after surgery

- The foot starts to return to normal and you can return to shoes (6-8 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.