
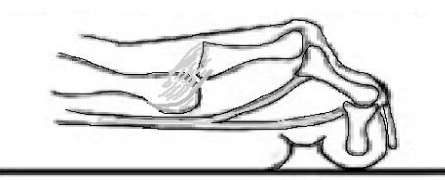




PATIENT INFORMATION SHEET

24	TOPIC	Lesser Metatarsal Pain	
PROCEDURE		Plantar Plate Repair	
 <p>Toe With Normal MTP Joint Capsule</p>  <p>Claw Toe with Torn Plantar Plate & Partial Dislocation at MTP Joint</p>		 <p>The capsule is opened and adhesions released reducing the claw deformity</p>	 <p>Weil osteotomy performed and metatarsal head has been temporarily moved back allowing repair of the plantar plate tear</p>
AIMS OF SURGERY	The problem/deformity is corrected by repairing the torn plantar joint capsule This procedure is usually undertaken in conjunction with a Weil type osteotomy (see leaflet 21)		
ADVANTAGES OF THIS OPERATION	The underlying cause of the pain and deformity is reduced and the damage repaired to preserve and prevent further damage to the joint		
SPECIFIC RISKS OF THIS OPERATION	Recurrence of the deformity Feeling of stiffness	Toe does not touch ground (floating toe) Transfer metatarsalgia	
OVERVIEW			
Operation time	Usually between 30 - 45 minutes		
Incision placement	On the top of the foot over the bone to be corrected		
Stitches	We try to use dissolvable stitches (where possible)		
Fixation	Internal fixation (bone screws or pins) are usually used (if Weil type osteotomy is also performed) You will not normally notice these and they do not usually need to be removed		
Will I have plaster?	This is not normally 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	Pain / skin callus formation beneath the ball of the foot Difficulty with shoe fit despite wearing sensible footwear Preservable joint Plantar plate tear confirmed present by contrast intra-articular injection x-ray study		
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. Regular podiatry care to reduce painful lesions. Steroid injections for painful joints		
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/		

Lesser Metatarsal Surgery

Answers to Common Questions

The Operation

The operation is usually performed under a local anaesthetic, usually around the base of the toe and around the ankle. Most patients find this to be more comfortable than a dental injection.

Although the operation is relatively short, 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 through your other leg and 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.

3 – 5 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 or trimmed, 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 no longer 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 (4-8 weeks).
- The foot will still be quite swollen especially at the end of the day.
- You will need to strap your toes daily to reduce pain and swelling. This should continue for 3 months.
- 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.