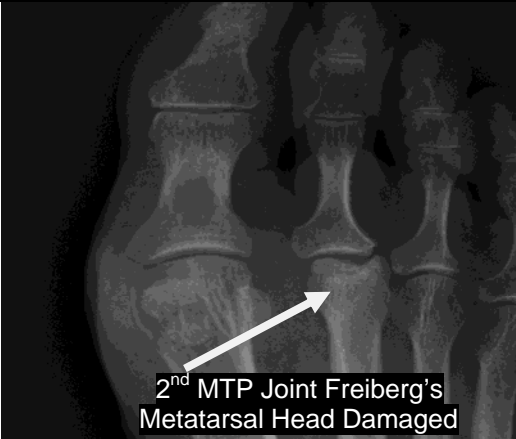
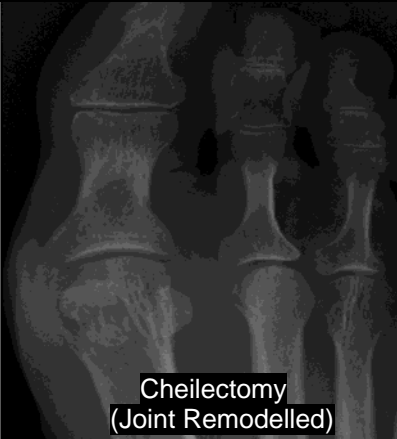


PATIENT INFORMATION SHEET

23	TOPIC	Lesser MTP Joint Degeneration	
PROCEDURE		Lesser MTP Joint Cheilectomy (remodelling/trimming)	
	 <p style="text-align: center;">2nd MTP Joint Freiberg's Metatarsal Head Damaged</p>	 <p style="text-align: center;">Cheilectomy (Joint Remodelled)</p>	<p>The example shows a damaged 2nd MTP Joint due to Freiberg's Infraction (a condition where the normal development of the bone has been disrupted). More commonly chronic arthritic changes are dealt with in the same way</p>
AIMS OF SURGERY	<p>To reduce pain and deformity To improve reduce any associated malalignment [make straighter] To reduce joint pain and stiffness To prevent further deterioration/deformity</p>		
ADVANTAGES OF THIS OPERATION	<p><input type="checkbox"/> May improve the joint range of motion <input type="checkbox"/> Does not involve implant or fixation</p>		
SPECIFIC RISKS OF THIS OPERATION	<p><input type="checkbox"/> Joint stiffness (due to being disturbed) <input type="checkbox"/> Recurrence of the deformity</p>		<p><input type="checkbox"/> Toe may not touch the ground <input type="checkbox"/> Increased prominence of adjacent toes</p>
OVERVIEW			
Operation time	Usually between 30 minutes		
Incision placement	Usually on top of the joint.		
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	Pain from the relevant MTP joint with associated deformity, stiffness and arthritic changes which are not so severe as to make the joint beyond preservation (<i>which might necessitate and implant or arthroplasty</i>). Associated painful hammer, claw or mallet toe deformity Pain from prominent joint and/or toes jamming		
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. Exercises, use of toe protectors, regular podiatry care, intra-articular injection therapy, excisional arthroplasty, joint implant.		
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 Lesser MTP Joint Degeneration due to Freiberg's Infracion Lesser MTP Joint Cheilectomy (remodelling)

Answers to Common Questions

The Operation

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

The operation takes about 30 minutes, 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.

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 trimmed or removed (if non-absorbable).
- 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.