

PATIENT INFORMATION SHEET

4	TOPIC	Clawed / Arthritic Interphalangeal Joint 1st toe	
PROCEDURE		Interphalangeal Joint Fusion	
AIMS OF SURGERY		To reduce pain and deformity. To improve the big toe alignment [make straighter]. To reduce callus / corn formation	
ADVANTAGES OF THIS OPERATION		<input type="checkbox"/> Localised procedure which does not involve other joints <input type="checkbox"/> Relatively little recovery required	
SPECIFIC RISKS OF THIS OPERATION		<input type="checkbox"/> Feeling of stiffness <input type="checkbox"/> Toe does not touch ground (floating toe)	<input type="checkbox"/> Non-union of bone (bone does not knit together) <input type="checkbox"/> Fixation problems (with the screws/pins)
OVERVIEW			
Operation time		Usually between 30 to 40 minutes	
Incision placement		Usually on top of the toe	
Stitches		We try to use dissolvable stitches (where possible)	
Fixation		Internal fixation (bone screws or pins) are usually used You will not normally notice these and they do not usually need to be removed	
Will I have plaster?		If your particular operation requires a plaster we will let you know in advance	
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		Hammer toe deformity of big toe Arthritis from interphalangeal joint of toe Pain from prominent joint Difficulty with shoe fit despite wearing sensible footwear	
ALTERNATIVE TREATMENTS		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. (The use of insoles/orthoses or toe splints has not been shown to correct toe deformity)	
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 correct Hammered/Arthritic 1st Interphalangeal Joint by Interphalangeal Joint Fusion

Answers to Common Questions

The Operation

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

The operation takes 30 – 40 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.

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 no longer 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 to remove the cast if applied.
- 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.