

PATIENT INFORMATION SHEET

11 TOPIC		HALLUX RIGIDUS (ARTHRITIS OF BIG TOE)	
PROCEDURE		1st MTP JOINT FUSION OR EXCISION ARTHROPLASTY OR JOINT REPLACEMENT (options when the joint cartilage cannot reasonably be preserved)	
AIMS OF SURGERY		<p>To remove the painful joint which is beyond preserving</p> <p>To reduce any problem lumps or prominences</p> <p>To improve walking comfort</p>	
THINGS TO CONSIDER		<p>If the joint cartilage cannot reasonably be preserved there are 4 routine options</p> <ul style="list-style-type: none"> ❑ 1 Not have surgery and leave the joint as it is. ❑ 2 Fusion of the joint. This will be more likely to be stable and less likely to deteriorate with further wear and tear/but does limit choice of heel height and results in a big toe which is “set” in one position (although the joint in the middle of the toe can still bend and so the toe is not completely “rigid”). ❑ 3 Silastic Implant. This does wear and can cause reaction from the bone it is put in, but it does not limit choice of heel height and results in a big toe which is still flexible and is near to normal in this respect. ❑ 4 Excision arthroplasty. This is the most technically straightforward procedure but tends to leave the big toe shorter than the other options and the bone can further wear down and leave the toe short and bent upwards over time. This procedure therefore tends to be used where the patient is less active and fusion is not wanted by the patient and implant is not likely to succeed (usually due to poor bone quality). 	
OVERVIEW			
Operation time	Usually between 45 to 75 minutes		
Incision placement	On top of the toe/joint or at the side of the toe/joint		
Stitches	We try to use absorbable stitches (where possible)		
Fixation	Internal fixation (plate and/or bone screws or pins) are used for fusion. No fixation is used for an implant. A temporary pin fixation is sometimes used for an excision arthroplasty		
Will I have plaster?	This is necessary for a fusion. Usually for about 4- 6 weeks the team 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		
ALTERNATIVE TREATMENTS	<p>Manage your symptoms by altering activity levels, using painkillers, changing footwear/ extra-width or special footwear possibly with an in-shoe foot support.</p> <p>(The use of insoles/orthoses or toe splints has not been shown to correct toe deformity)</p>		
GENERAL RISKS OF SURGERY	<p>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</p> <p>YOU SHOULD READ THIS LEAFLET IN CONJUNCTION WITH THE GENERIC PRE-OPERATIVE INFORMATION BOOKLET FOR PATIENTS (Numbered 1)</p>		
MORE INFO BY:	<ol style="list-style-type: none"> 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 Rigidus

1st MTP JOINT FUSION OR EXCISION ARTHROPLASTY OR JOINT REPLACEMENT

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 about 3 hours, to allow you an opportunity to rest post operatively. 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.

One week 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.

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 appoint 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.