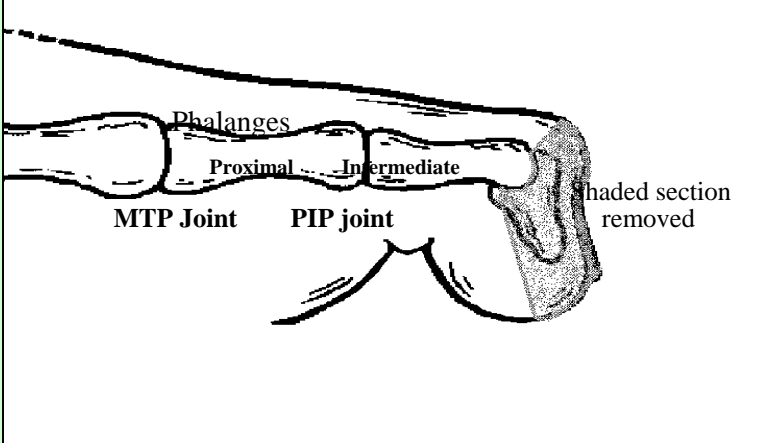



PATIENT INFORMATION SHEET

<b>7</b>	<b>TOPIC</b>	<b>Problematic/Painful Prominent/Overlapping Toe</b>
<b>PROCEDURE</b>		<b>Partial Toe Amputation</b>
		 <p>Tip of 2nd toe amputated 3 months before</p>
<b>AIMS OF SURGERY</b>	<b>TO REMOVE THE PROBLEMATIC AND/OR PAINFUL PART OF THE TOE</b>	
<b>ADVANTAGES OF THIS OPERATION</b>	Short procedure No bone healing required	
<b>SPECIFIC RISKS OF THIS OPERATION</b>	<input type="checkbox"/> Permanent loss of portion of toe <input type="checkbox"/> The remaining toe may deteriorate <input type="checkbox"/> Adjacent toes may shift into the gap left by the removed portion of toe	
<b>OVERVIEW</b>		
<b>Operation time</b>	Usually between 15 - 30 minutes	
<b>Incision placement</b>	Around the toe at the level of the amputation	
<b>Stitches</b>	These generally require removal	
<b>Fixation</b>	Not required	
<b>Will I have plaster?</b>	This not necessary.	
<b>Is this a Day Procedure?</b>	Yes, you can usually go home the same day (you will usually be admitted for half a day)	
<b>Estimated time off work</b>	Non-manual work approximately 2-4 weeks Manual work 4-6 weeks	
<b>INDICATIONS FOR THE PROCEDURE</b>	Unsalvageable severe painful mallet/hammer/claw toe or over-riding toe deformity where straightening the toe is inappropriate and amputation of the distal part of the toe should heal well Bone infection of distal tip of toe Severe difficulty with shoe fit despite wearing sensible/special footwear and using all non-surgical measures NB: While it is always advisable to avoid partial amputation, occasionally this procedure may be the preferable option to the more extensive recovery period and the associated healing risks of more extensive surgery	
<b>ALTERNATIVE TREATMENTS</b>	Manage your symptoms by routine treatment, altering activity levels, using painkillers, changing footwear/ extra-width or special footwear possibly with a toe protector (insoles/orthoses or toe splints have not been shown to correct toe deformity) Lesser toe straightening arthroplasty/fusion (see leaflets 5 & 6) Forefoot correction i.e. adjusting the adjacent toes - allowing the problem toe to be straightened	
<b>GENERAL RISKS OF SURGERY</b>	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 <b>YOU SHOULD READ THIS LEAFLET IN CONJUNCTION WITH THE GENERIC PRE-OPERATIVE INFORMATION BOOKLET FOR PATIENTS (Numbered 1)</b>	
<b>MORE INFO BY:</b>	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 <a href="http://www.herefordshire.nhs.uk/">http://www.herefordshire.nhs.uk/</a>	

## Partial Toe Amputation Surgery

### Answers to Common Questions

#### The Operation

The operation is usually performed under a local anaesthetic, usually around the base of the toe, and 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 (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.

#### 3 – 5 days 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.
- Many patients return to shoes after 2 weeks although this may take longer (4-6 weeks).

#### Between 2-6 weeks after surgery

- The foot may still be quite swollen especially at the end of the day.
- 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.