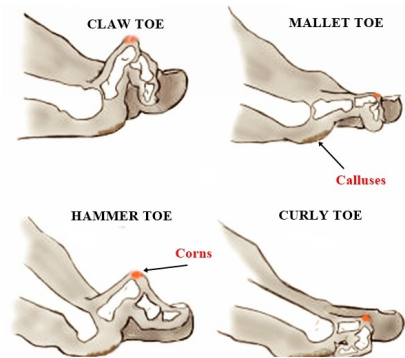


PATIENT INFORMATION: LESSER TOE SURGERY

Following a consultation with one of our orthopaedic surgeons, you have been diagnosed with a problem with one of the 'lesser' toes in your foot (ie any toe that is not the big toe).

What kind of deformities can be present in toes?

Common types of deformities include hammer, mallet and claw toes, as well as flexible curly toes:



These deformities can occur in isolation or, more commonly, in combination with another disorder of the foot such as a bunion. The deformities can be flexible or rigid.

Why do toe deformities occur?

For some people, toe deformities can occur because of contractures in certain muscles in the foot due to years of inappropriate footwear, repetitive high impact activity, arthritis or trauma. Occasionally, there can be a rupture of the plantar plate, an area of soft tissue directly under the toe which can cause instability. Some deformities are due to subtle neurological disorders or trauma. Most lesser toe deformities have no clear cause.

What non-operative options are there?

Lifestyle modifications such as avoiding wearing high-heeled shoes or avoiding prolonged standing can help reduce the load through the toes. Physiotherapy can address muscle imbalances such as a tight calf that might be overloading the toes, and stretch out and muscles that might be contracted. Orthotics such as silicone toe spaces,

dressings to cover any hard areas of skin and orthotics to change the alignment of the foot might help reduce irritation. A change of footwear, particularly a shoe with a wide toe-box, can be life-changing for some patients. Taping of the toe is a simple technique to control the position of the toe. Analgesia such as paracetamol and ibuprofen can help with the pain and rarely an injection into an arthritic joint may be appropriate.

When should surgery be considered?

If there is ulceration or near-ulceration of the toe due to the deformity, surgery may be required to prevent chronic infection. Pain from rubbing on shoes or 'metatarsalgia' (pain on the ball of the foot, akin to walking on marbles) which is interfering with quality of life or inhibiting activities of daily living can be reason for surgery. Difficulty with footwear despite modifications can also mean surgery is required.

What surgical options are there?

The most common procedure for a rigid hammer toe is a fusion of the proximal interphalangeal joint. This involves a small incision over the middle of the toe. The joint surface is removed of cartilage and is fused together.

Occasionally a tendon release may be required to balance any contractions that may have occurred over time. This is normally stabilized with a wire that comes out the tip of the toe and is removed in the consulting rooms six weeks following the operation. Removal of the wire is a slightly uncomfortable but very quick procedure that does not require an anaesthetic.

For flexible toe deformities, sometimes a small tendon release or lengthening is all that is required to correct the deformity. This is normally done via a small percutaneous incision on the top of the foot.

Sometimes more extensive tendon procedures are required to treat a flexible deformity. These can include an 'oxford procedure', where the tendon on the top of the toe is lengthened and a tendon on the bottom of the toe is released. A small wedge of bone is removed to complete correcting the deformity. A 'stainsby procedure' is done via a cut on top of the toe. Some bone

is removed from the top of the joint and the ligaments on the side of the toe are tightened to prevent dislocation of the toe. The top and bottom tendons are then stitched together and the toe is stabilized with a wire which is removed in the surgical rooms six weeks post-operatively.

Will I need a general anaesthetic?

A general anaesthetic is usually required for the operation. In some circumstances, the procedure may be done under local anaesthetic and this would be discussed with your anaesthetist prior to your surgery. It is normally a day case operation.

Risks:

Lesser toes are difficult to treat, both surgically and non-surgically. Sometimes a recurrence of the deformity can occur requiring re-operation.

The risk of infection is significant, and higher in smokers and diabetics. Usually superficial infections can be treated with dressings and antibiotics. Rarely, surgical debridement under a general anaesthetic is required. Even more rarely, an amputation of the toe is needed to control the infection.

Removal of the wire six weeks post-operatively can be painful but is generally very well tolerated and does not require a general anaesthetic.

The toe can sometimes have sensation changes around the scar, resulting in numbness or tingling which may be permanent.

In a very deformed or contracted toe, correcting can cause ischaemia, or loss of blood supply to the toe as the blood vessels are stretched to accommodate the new position. In this case, the wire may need to be removed early and the correction partially lost. Rarely, the toe may need to be amputated.

South East Orthopaedic Surgery

0484 739 550

admin@southeastortho.com.au

Level 1, Frankston Private Hospital
24-28 Frankston-Flinders Road
Frankston, Victoria