

PATIENT INFORMATION SHEET

<b>6</b>	<b>TOPIC</b>	<b>Transverse Toe Deformity</b>	
<b>PROCEDURE</b>		<b>Closing Wedge Osteotomy of Proximal Phalanx of Lesser Toe</b>	
<b>AIMS OF SURGERY</b>		To reduce pain and deformity To improve the toe alignment [make straighter] To reduce callus / corn formation	
<b>ADVANTAGES OF THIS OPERATION</b>		<input type="checkbox"/> Localised procedure <input type="checkbox"/> Reduces the instability / misalignment which is the cause of the deformity	
<b>SPECIFIC RISKS OF THIS OPERATION</b>		<input type="checkbox"/> Recurrence of the deformity <input type="checkbox"/> The toe may not touch the ground <input type="checkbox"/> Increased prominence of adjacent toes	<input type="checkbox"/> When pins are used – these may become loose / need to be removed early – resulting in poor fusion <input type="checkbox"/> Absorbable pins can cause a swollen reaction in the toe
<b>OVERVIEW</b>			
<b>Operation time</b>		Usually between 15 – 30 minutes	
<b>Incision placement</b>		Usually on top of the toe	
<b>Stitches</b>		We try to use absorbable stitches (where possible)	
<b>Fixation</b>		Internal fixation (bone screws or pins) may be used External pins will need to be removed	
<b>Will I have plaster?</b>		This is not usually required	
<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 4-6 weeks Manual work 6-8 weeks	
<b>INDICATIONS FOR THE PROCEDURE</b>		Painful overlapping or lateral (sideways) deformity of a lesser toe Pain from prominent joint and/or toes jamming Difficulty with shoe fit despite wearing sensible footwear	
<b>ALTERNATIVE TREATMENTS</b>		Manage your symptoms by altering activity levels, using painkillers, changing footwear/ extra-width/depth or special footwear. The use of toe protectors, regular podiatry care.	
<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>	

# Surgery to Reduce Transverse Toe Deformity

## Closing Wedge Osteotomy of Proximal Phalanx of Lesser Toe

### 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. Most patients find this to be more comfortable than a dental injection.

The operation takes about 15 – 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 if necessary) 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 & swelling means you are doing too much.

#### Two weeks after surgery

- You must attend again. Sutures will be removed (or trimmed if they are absorbing).
- **If you have an external pin in place, your foot will need to be redressed, you may need to continue using the crutches and post op shoe and you must not get the foot wet. You will be given another appointment for 4 weeks after surgery to have the pin removed.**
- If you **do not** have an external pin you will no longer need a dressing and providing the wound has healed satisfactorily you may now 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 (4-6 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 6-8 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.**