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Northamptonshire Healthcare
NHS Foundation Trust

HALLUX LIMITUS

ARTHRITIS OF THE BIG TOE

PODIATRIC SURGERY

INFORMATION LEAFLET

01327 708102

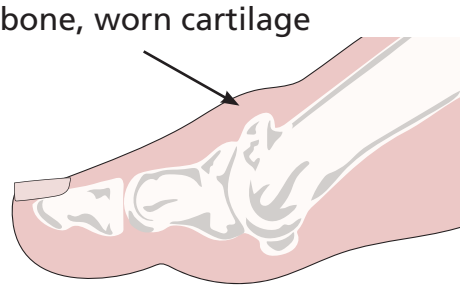
nhft.nhs.uk/podiatric-surgery

MAKING A DIFFERENCE FOR YOU, WITH YOU

WHAT IS WRONG WITH MY FOOT?

In arthritis of the big toe joint (also known as hallux limitus or rigidus), the cartilage becomes weak and extra bone is deposited near the joint. This extra bone restricts the motion of the joint and causes severe pain during walking.

While bunions result from a gradual dislocation of the joint, arthritis can occur in which there is no dislocation of the joint. In these cases, the big toe and joint will look straight, but will hurt when moved.



WHY HAS THIS HAPPENED?

The joint of the big toe takes more weight than any other foot joint in the propulsive phase of gait and is more likely to be affected by osteoarthritis, a condition resulting from excessive wear and tear. Long metatarsal bones and flat footedness are also factors.

DO I HAVE TO HAVE AN OPERATION?

If your symptoms are mild, medication may be enough to reduce pain and swelling. The early stages of hallux limitus should be treated with physical therapy and injections to maintain as much range of motion as possible. When symptoms persist and normal ambulation is no longer possible, surgery may be necessary.

HOW SURGERY CAN HELP

1. The pain should have been reduced or may have stopped completely.
2. The toe(s) should be straighter and should function better.
3. You should feel more comfortable when wearing shoes

BEFORE SURGERY

WHAT DO I NEED TO DO BEFORE I COME IN FOR MY OPERATION?

- Check your appointment letter to make sure you know what time to arrive and where to go
- Cut your toenails and clean under the nails well the day before surgery
- Remove all nail polish (including finger nails)
- Remove jewellery except for your wedding ring (if you have one)
- Wear loose clothing on your legs as a large dressing will be applied after the operation
- You may bring along a personal music (stereo) player with headphones, mobile phone, tablet computer, book, magazine
- Take any prescribed medicines as normal unless you have been told differently
- If you need to take regular pre-prescribed medication during your time in the department, or may have need of an inhaler or angina spray, please remember to bring these with you
- If you have been advised to arrange any tablets / medicines

by your podiatric surgeon remember to obtain these prior to your operation. Likewise if you have been asked to obtain these from your own doctor please arrange well in advance

- Read any additional information you may be given regarding your admission for surgery

CAN I EAT BEFORE I COME IN FOR MY OPERATION?

Yes. As we use local anaesthetic you may have a light meal and a drink before you attend.

IF I AM ILL BEFORE THE DATE OF MY OPERATION SHOULD I CANCEL?

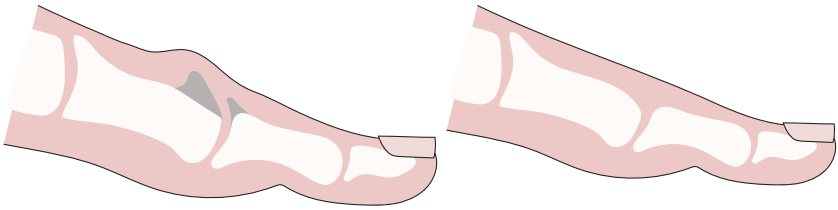
Yes. If you are feeling unwell near the date of your operation or if either you or a member of your household is suffering from an infectious disease you are advised to contact the department.

If you have to cancel your appointment you must contact us so an alternative appointment can be arranged. We may be able to offer your appointment to another patient so notice is appreciated. On the day of surgery if, for example, your blood pressure has raised or you have developed other medical problems, the surgery may be delayed or postponed.

SURGERY

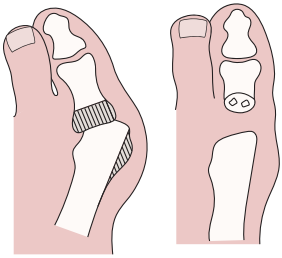
There are several options for surgery depending on the actual deformity you have, where the pain is, the flexibility of the toe and your health status. The podiatric surgeon will discuss which is the best option for you.

To ease movement and reduce pain, we may trim damaged bone, or simply shave away bone spurs (cheilectomy). A cheilectomy procedure is an operation to remove the extra bone that forms on the top of the metatarsal head. This procedure is indicated where new bone has formed and is particularly useful where the extra bone is rubbing on the top of the shoe. The procedure is relatively straightforward to perform but tends to be of less help to those patients that are getting joint pain rather than bump pain, as the procedure can only remove the bump and not repair the damaged cartilage.

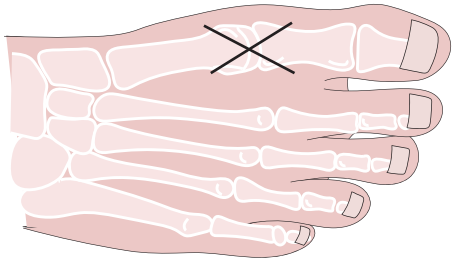


Bone spur removal

Joint (partial or total) replacements, joint removal or joint fusions are used for end stage arthritis (see below). For all surgeries, the foot will be heavily bandaged for a month (longer for a fusion) after the operation to protect the wound and control post-operative swelling.



Joint removal



Joint fusion

ANAESTHESIA

Like dentists, our team perform surgery on a day-case basis under local anaesthesia – you will therefore be awake during the surgery. This is done using a series of injections at the ankle or knee. Using this form of anaesthesia has a lower risk than is associated with general anaesthesia.

The anaesthesia works by taking away pain but not the sensation of touch - you will not feel any pain during the operation though you will feel the surgeon touching the foot. The local anaesthetic will wear off about three to ten (3 to 10) hours after surgery.

If you decide that you want to be operated on under general anaesthesia you will be referred on to the Orthopaedic Department via your GP.

WILL I NEED CRUTCHES?

Usually, yes. The post-operative shoe will allow you to bear weight immediately after surgery but crutches will help your overall balance, especially for the first few days when the foot is at its most tender. However, being given crutches must not encourage you to be on your feet more than we recommend.

WHAT WILL HAPPEN AFTER THE OPERATION?

GENERAL

A responsible friend or relative must ensure you get home safely. **Public transport is not appropriate**. Elevate the leg(s) on the way home.

The foot will be quite sore for the first two days and you will be given painkillers on the recovery ward immediately after surgery, and you should continue to take these for the next few days as required.

If, after surgery, you experience an excessive amount of pain after the anaesthetic wears off, this can be helped with application of an ice pack at the ankle - 10 minutes on/10 minutes off - three (3) times, a maximum of six (6) times in a 24 hour period.

If you continue to experience pain, contact your on-call GP service, NHS 111 or Accident and Emergency (A&E). They will need to know what operation you have had and what painkillers you have already taken.

WHY DO I NEED TO HAVE SOMEONE STAY WITH ME AFTER SURGERY?

This is for your own safety. Although exceedingly rare, it is possible you may feel unwell after surgery, or you may fall and require assistance.

You must have someone with you **at all times** for the first 48 hours.

If you cannot arrange this, please let us know as we will have to postpone your surgery.

AFTER SURGERY, WHEN CAN I HAVE A BATH?

You must avoid getting the dressing wet as this may cause the wound to become contaminated. We find it is best to avoid bathing or showering though there is a range of specially designed dressing protectors (polyurethane bags) that can be used to cover the foot.

INSTRUCTIONS FOR THE FIRST TWO DAYS AFTER SURGERY

To assist in the avoidance of post-operative swelling we ask you to completely rest for two full days after surgery, with your foot elevated above your hip.

Place your feet on a pillow for comfort (avoid compressing the calf muscle). During this time gentle foot exercises – rolling of the ankle – should be performed to reduce swelling.

Walking should be restricted - going to the toilet and back again **only**.

This is why we insist someone is able to care for you during the first 48 hours so they can look after you.

Remember if you are not able to have someone stay with you, we will need to postpone the date of surgery.

Please use the surgical shoe whenever you are on your feet (you may take it off in bed or when resting with your feet up). The shoe is designed so it does not bend; this prevents pressure being applied to the wound. Walk with the foot being placed carefully on the ground with the whole of the sole contacting the floor at the same time. You do not need to take the weight of the body on the heel alone unless you

are given specific post-operative advice to do so. Persistent or excessive walking will result in prolonged pain, swelling and a potential for failure of the surgery.

INSTRUCTIONS FOR THE FIRST FOUR WEEKS AFTER SURGERY

After two days complete rest, we expect you to be on light duties for four (4) or more weeks, i.e. moving/walking **gently** around the house for no more than five to ten (5-10) minutes each hour. Wear the surgical shoe whenever you are taking these short walks and resist the temptation to walk excessively.

You may find you experience only minimal post-operative pain; this may mislead you into thinking you can do more than you should.

After 10 to 14 days you will need to attend your suture removal and re-dressing appointment. There will also be another appointment about one month after surgery which could involve x-rays if we have done any bone work.

You can get the wound wet **after** the dressings have been finally removed and when the skin has fully healed which is typically around four weeks. This is to prevent wound contamination.

Not following our advice will jeopardise the outcome.

WEEK 4/6 TO WEEK 26

Once you are four / six to eight (4/6 to 8) weeks post (after) surgery the foot starts to return to normal and you should be back to more normal footwear.

Although the foot should now be more comfortable, there will still be noticeable swelling, particularly towards the end of the day and therefore use of wider shoes or trainers is often required. This is normal as feet and legs are very prone to swelling.

A review appointment will be scheduled for six (6) months after your surgery. After six (6) months the residual swelling should now be slight, if not completely resolved, and you should be getting the full benefit of the surgery. The attending clinician will give you specific advice as he assesses your rate of healing in the post-operative period.

WHEN CAN I DRIVE A CAR?

You will not be able to drive on the day of the operation. You must not to drive whilst the sutures are in or while you are still wearing the post-operative shoe, i.e. for four to six (4 to 6) weeks.

We advise you contact your car insurance provider to ensure they are aware of any factors which may compromise your ability to drive.

WHEN CAN I RETURN TO WORK?

Most patients can normally return to work four to eight (4 to 8) weeks after surgery. However this will depend on the type of work you do as well as the nature of the surgery. If you have a physically active job you may be advised to take more time off than if you worked in an office.

Although the skin heals relatively quickly, it takes many months for all the bones and tendons to return to full strength.

Also remember it is possible for the foot to remain sore and swollen for some time. If you require a "sick note" you will be able to obtain this from your own doctor/ GP - **we cannot provide these**. We will write to your GP to keep them informed of your progress.

OUTCOMES AND RESULTS

HOW SUCCESSFUL IS THE OPERATION?

As with all operations there are risks associated with surgery. In our experience, 80% of our patients are improved with surgery (though not necessarily completely cured), 10% of patients derive no benefit from surgery and 10% of patients experience a complication or are unhappy with the outcome. You must therefore assure yourself that the potential benefits of surgery outweigh the risks.

The recovery period from surgery will vary depending on the specific procedure performed and your body's healing rate. Most patients take six (6) months to fully recover from their operation.

COMPLICATIONS

The mechanism for achieving a successful outcome and avoiding complications is a system of screening and investigations undertaken at various stages of your care.

The best result also requires your co-operation after surgery, based on the guidance and advice.

Complications themselves can usually be revised or treated and should not result in permanent disability or pain.

The possible complications associated with surgery are as follows:

1. Joint stiffness (the most common problem we see after cheilectomy)
2. Pain under the ball of the foot as a result of a change in foot shape
3. Recurrence or a redevelopment of the arthritis / deformity
4. Infection (about a 2% risk overall)
5. Prolonged swelling of the foot / toes

6. Delayed healing of soft tissue or bone (which may be painful)
7. Irritation from the screw or wire (about 5% require later removal)
8. A thick and/or sensitive foot or scar (very rarely, from a chronic nerve pain)
9. Loss of sensation, usually temporary though occasionally permanent
10. Deep vein thrombosis (0.5% risk)

One significant consequence of the cheilectomy procedure is that on occasion, the toe will have an increased range of motion after surgery but this range of motion might be increasingly painful.

This is because the joint is being put through increased range of motion where it was previously stiff and as a consequence the joint is being expected to function through a greater arc of motion. This stretches the muscles and ligaments to the end of their range.

We specifically warn patients pain can occasionally be worse after surgery cases and because osteoarthritis is a degenerative process, the results typically only last for an average of five years. Further surgery is most often required for patients in the mid to long term and as such second surgeries need to be more aggressive.

SHOULD I WORRY ABOUT CONTRACTING MRSA?

MRSA is a type of bacteria that can sometimes occur naturally on your skin without causing you any harm. However in rare instances if this bacteria gets inside a wound it can cause an infection.

None of our patients have ever contracted MRSA following their surgery. Some patients will be screened for MRSA prior to surgery. Having MRSA on your skin prior to surgery does not prevent your surgery from going ahead, you will however be given an antiseptic wash to use prior to your surgery.

CONTROL OF INFECTION

Podiatric surgery is carried out under strict infection control guidelines using full theatre (aseptic) technique. You will be given a small dose of antibiotics immediately before surgery if we insert any implant or prosthesis to help reduce the risk of infection after surgery. Please ensure you take a bath or shower using normal soap on the day of your surgery.

It is very important you keep your dressing dry after surgery, as wet dressings will often cause wound infection. **Contact us immediately if you do get the dressing wet, as you will need a change of dressing.**

We will inspect your wound after surgery and inform you if you need further antibiotics but you must let us know if the following occur as they could indicate a developing infection:

- An increase in pain four to five (4 to 5) days after surgery
- A discharge through the dressing (other than iodine or a small amount of blood)
- An offensive odour

DEEP VEIN THROMBOSIS

Deep vein thrombosis (DVT) occurs when a blood clot forms in a vein. The DVT usually forms in a deep leg vein and can be caused by immobility (lack of movement).

Deep leg veins are the larger veins that run through the muscles of the calf and thigh. A DVT can form across all or part of the width of your vein, which can block your blood flow either completely or partially. DVT and pulmonary embolisms (clots in the lungs) are conditions known as venous thromboembolisms.

The symptoms of a DVT in the leg include:

- swelling
- pain
- warm skin
- tenderness
- redness, particularly at the back of your leg, below the knee

A DVT usually (although not always) affects one leg. The pain may be made worse by bending your foot upward towards your knee. In some cases, there may be no signs or symptoms of DVT at all in the leg. The problem may only become apparent when a pulmonary embolism develops as a result of the blood clot in the leg.

Symptoms of a pulmonary embolism include:

- breathlessness
- chest pain
- in severe cases, collapse

Both DVT and pulmonary embolism are serious conditions which require urgent investigation and treatment.

The post surgery thrombosis risk is calculated at 0.5%, however the more risk factors you possess the greater the chance of a clot forming.

In patients with a history of clots, medicines to help reduce the risk of the further clots following your surgery will be arranged.

You can reduce what risk factors by:

- Stopping smoking at least four (4) weeks prior to you operation and until you are recovered
- Avoiding medicines which predispose (carry an increased risk) to clots e.g. oral contraceptives, in discussion with your G.P, who will advise you of alternative measures of contraception – see below
- Follow the exercise regime as recommended by your podiatric surgeon or the team

ORAL CONTRACEPTIVE MEDICATION

Certain (oestrogen containing) oral contraceptive medications are associated with a slight increased risk of thrombosis.

You may wish to discuss the implications of this with one of the podiatric surgery team or your own GP. Stopping oral contraceptives means you are at risk of pregnancy unless alternative contraceptive measures are taken. Continuing with some types of oral contraceptives may mean you are at an increased risk of a blood clot.

SMOKING AND ALCOHOL

Smoking has the following adverse effects in relation to surgery:

- It delays wound healing
- It is associated with failure of bones to fuse [‘knit together’] – the risk increases 2.7 times more compared with a non-smoker
- Is associated with increased risk of thrombosis

Most of our patients who experience delayed healing are smokers. You are strongly advised to quit smoking prior to your surgery.

You are advised to avoid alcohol after your foot surgery, whilst on medication. Alcohol may interact with one or more of your medicines in addition to increasing the risk of falls post-operatively.

FOOTWEAR

Occasionally, the return to normal footwear may be delayed because of prolonged swelling or pain, especially if you are too active early after the operation. A very small number of patients cannot get back into their footwear style of choice.

ARE YOU DOCTORS?

The podiatric surgery team has an active research profile and incorporates staff and students from the University of Northampton. The team may consist of several different professionals all dedicated to the success of your surgery and for your assistance the common titles are explained below.

PODIATRIST

A clinician who has studied for three years to obtain a degree in podiatric medicine and registration with the Health and Care Professions Council. Podiatrists are independent clinicians, qualified to diagnose and treat foot problems. Podiatrists may specialise in particular areas of work e.g. the care of the diabetic patient or sports medicine. With the exception of nail surgery, podiatrists undertake the treatment of foot problems by non-invasive methods (until recently podiatrists were known as chiropodists).

TRAINEE IN PODIATRIC SURGERY

A podiatrist who has studied for a further two or three years to complete the initial sections of the Directorate of Surgery exams (or obtained an MSc degree) in the theory of podiatric surgery, and is undertaking a formal surgical training programme under the supervision of a Consultant podiatric surgeon who is an accredited Tutor of the Faculty of Surgery.

SPECIALIST REGISTRAR IN PODIATRIC SURGERY

A past trainee in podiatric surgery who has successfully completed and gained his / her podiatric surgical fellowship (qualification in the practice of podiatric surgery) and, is working as part of a continued training programme towards completion of the three year post fellowship specialist training period.

PODIATRIC SURGEON

A podiatric surgeon has successfully gained both his / her fellowship and a certificate of completion of training. A podiatric surgeon is a non-medically qualified specialist in the treatment of foot problems by both surgical and non-surgical methods. A podiatric surgeon has completed the training process and may have his / her own caseload.

CONSULTANT PODIATRIC SURGEON

After some years of practice within a Health Service Department of Podiatric Surgery, a podiatric surgeon may be appointed as a consultant i.e. the lead clinician appointed by an NHS Trust, to provide a podiatric surgery service.

A SPACE FOR YOUR NOTES

PLEASE ASK IF YOU HAVE ANY FURTHER QUESTIONS REGARDING YOUR SURGICAL CARE.

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