

# Patient Information for Consent

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## OS20 Surgery for Problems of the Small Toes

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## What problems can happen to the small toes?

There are three main problems that can happen to the small toes.

- Deformity – Change in the shape of a toe that may cause pressure, pain or hard skin (a corn).
- Pain in your toe joints.
- Metatarsalgia – Pain in the ball of your foot (the area under your foot just behind your toes).

Your surgeon has recommended an operation to improve the shape of your foot and reduce any pain. However, it is your decision to go ahead with the operation or not.

This document will give you information about the benefits and risks to help you to make an informed decision. If you have any questions that this document does not answer, ask your surgeon or the healthcare team.

## How do problems happen to the small toes?

Toe deformities, such as claw toe and hammer toe, happen when the tendons that move your toes get too tight or out of balance. The toe can rub on other toes and on the inside of your shoe, causing pressure and pain (see figure 1).

Problems with the small toes are more common if you have a bunion on your big toe. Inflammatory arthritis such as rheumatoid arthritis can damage your toe joints and this may make them come out of position (dislocate). You may get painful hard skin on the ball of your foot (plantar callosity).

## What are the benefits of surgery?

Your toes should be straighter, so your foot should fit more comfortably in a normal shoe.

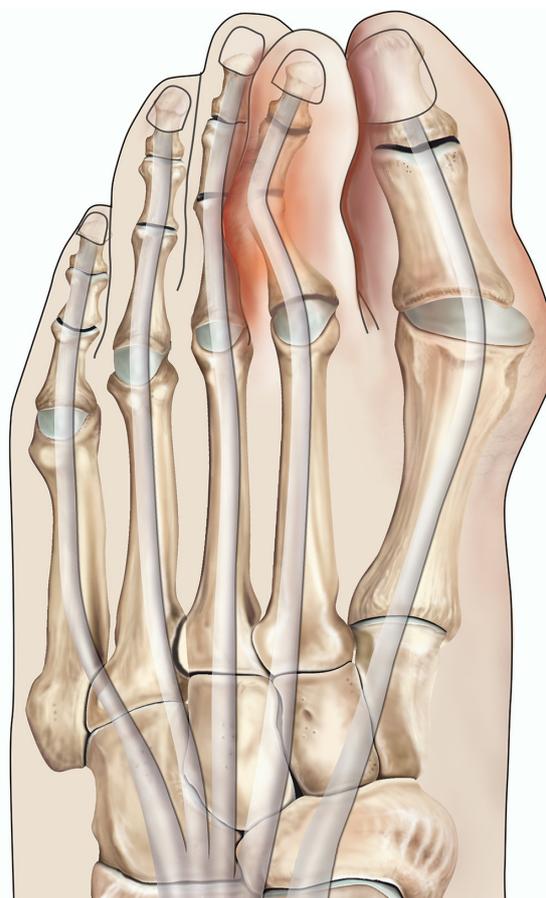


Figure 1  
The problems caused by a hammer toe

## Are there any alternatives to surgery?

Putting padding between your toes and strapping them in place can help give you relief from the pain caused by your toes rubbing.

Using soft shoes from a good-quality shoe shop may be enough. If not, the orthotics (surgical appliances) department at the hospital will be able to give you advice about insoles or special shoes.

If you get hard skin on your foot, you may need to have it removed regularly by a podiatrist (a specialist in treating problems of the lower legs and feet).

If these measures do not work, surgery may be an option.

## What will happen if I decide not to have the operation?

Your surgeon can ask an orthotist to see you. They are experienced in treating foot problems using insoles and shoe modifications.

Problems of the small toes do not get better without surgery. Wearing sensible footwear will usually prevent them from getting rapidly worse.

The skin on your toes can become inflamed where they rub on the inside of your shoe. The skin can get infected and cause an ulcer. Sometimes this can lead to infection of the bone and, if not treated, the loss of your toe.

## What does the operation involve?

The healthcare team will carry out a number of checks to make sure you have the operation you came in for and on the correct side. You can help by confirming to your surgeon and the healthcare team your name and the operation you are having.

Various anaesthetic techniques are possible. Your anaesthetist will discuss the options with you. You may also have injections of local anaesthetic to help with the pain after the operation.

You may be given antibiotics during the operation to reduce the risk of infection.

The operation usually takes 15 minutes to an hour.

The surgery depends on the problem with your toes. Your surgeon will discuss with you which of the following procedures the operation is likely to involve.

- Releasing or lengthening tendons.
- Putting joints back into place.
- Straightening a toe by removing some bone.
- Stiffening one of your toe joints.
- Cutting and realigning the bones of your toes (osteotomy).

Your surgeon may fix your toes in place with wires or tiny screws.

They will close your skin with stitches and place a bandage or cast on your foot.

## What should I do about my medication?

Let your doctor know about all the medication you take and follow their advice. This includes all blood-thinning medication as well as herbal and complementary remedies, dietary supplements, and medication you can buy over the counter. Anti-inflammatory painkillers may prevent the bones from healing properly, so it is better not to take these if possible.

## What can I do to help make the operation a success?

If you smoke, stopping smoking several weeks or more before the operation may reduce your risk of developing complications and will improve your long-term health. Nicotine is known to prevent bones from healing.

Try to maintain a healthy weight. You have a higher risk of developing complications if you are overweight.

Regular exercise should help to prepare you for the operation, help you to recover and improve your long-term health. Before you start exercising, ask the healthcare team or your GP for advice.

You can reduce your risk of infection in a surgical wound.

- Try to have a bath or shower either the day before or on the day of the operation.
- Keep warm around the time of the operation. Let the healthcare team know if you feel cold.

## What complications can happen?

The healthcare team will try to reduce the risk of complications.

Any numbers which relate to risk are from studies of people who have had this operation. Your doctor may be able to tell you if the risk of a complication is higher or lower for you.

Some complications can be serious and can even cause death.

You should ask your doctor if there is anything you do not understand.

Your anaesthetist will be able to discuss with you the possible complications of having an anaesthetic.

## General complications of any operation

- Pain. The healthcare team will give you medication to control the pain and it is important that you take it as you are told so you can move about as advised.
- Bleeding during or after the operation. You will usually have a tourniquet (tight strap) around your leg during the operation, so there is usually little bleeding.
- Infection of the surgical site (wound). It is usually safe to shower after 2 days but you should check with the healthcare team. Keep your wound dry and covered. Let the healthcare team know if you get a high temperature, notice pus in your wound, or if your wound becomes red, sore or painful. An infection usually settles with antibiotics but you may need another operation.
- Unsightly scarring of your skin, although foot wounds usually heal to a neat scar.
- Difficulty passing urine. You may need a catheter (tube) in your bladder for 1 to 2 days.
- Blood clot in your leg (deep-vein thrombosis – DVT). This can cause pain, swelling or redness in your leg, or the veins near the surface of your leg to appear larger than normal. The healthcare team will assess your risk. They will encourage you to get out of bed soon after the operation and may give you injections, medication, or inflatable boots or special stockings to wear. Let the healthcare team know straightaway if you think you might have a DVT.
- Blood clot in your lung (pulmonary embolus), if a blood clot moves through your bloodstream to your lungs. Let the healthcare team know straightaway if you become short of breath, feel pain in your chest or upper back, or if you cough up blood. If you are at home, call an ambulance or go immediately to your nearest Emergency department.

## Specific complications of this operation

- Damage to nerves, leading to a patch of numb skin near the cut, or a tender scar. This usually gets better but may be permanent.
- Damage to blood vessels, which can cause a toe to die. You will need to have your toe removed (amputated) (risk: 1 in 250).

- Infection in your toe (risk: 1 in 300). You may need antibiotics or another operation.
- Problems with bone healing, if the operation involves cutting a bone. The bone has to heal in the same way as a fracture (break). Sometimes the position of the bone can slip before it heals or healing can take longer than usual. These problems may need another operation to correct.
- Loss of movement in your toes caused by scarring from the surgery. This often improves with time but there may be some permanent stiffness.
- Severe pain, stiffness and loss of use of your foot (complex regional pain syndrome) (risk: 1 in 25). The cause is not known. You may need further treatment including painkillers and physiotherapy. Your foot can take months or years to improve. You may be able to reduce this risk by taking a 1g vitamin C tablet each day for 6 weeks after the operation.
- Pain in the ball of your foot when standing or walking, if your foot does not take weight evenly. You may need an insole in your shoe.
- The deformity coming back, if tendons get out of balance again, or you have arthritis that causes more damage to your joints. You may need more surgery in the future (risk: 1 in 30).

## How soon will I recover?

### In hospital

After the operation you will be transferred to the recovery area and then to the ward. Keep your foot raised so that the swelling settles. You will have a thick, padded bandage on your foot. The healthcare team will check the blood circulation in your foot and monitor any bleeding or swelling.

Your surgeon will tell you how much weight you can put on your foot. The physiotherapist will help you to walk safely. You may need crutches or a walking frame.

You should be able to go home the same day or the day after. However, your doctor may recommend that you stay a little longer.

If you do go home the same day, a responsible adult should take you home in a car or taxi and stay with you for at least 24 hours. Be near a telephone in case of an emergency.

If you are worried about anything, in hospital or at home, contact the healthcare team. They should be able to reassure you or identify and treat any complications.

## Returning to normal activities

Do not drive, operate machinery or do any potentially dangerous activities (this includes cooking) for at least 24 hours and not until you have fully recovered feeling, movement and co-ordination. If you had a general anaesthetic or sedation, you should also not sign legal documents or drink alcohol for at least 24 hours.

To reduce the risk of a blood clot, make sure you follow carefully the instructions of the healthcare team if you have been given medication or need to wear special stockings.

Spend most of the time during the first week with your leg raised so that the swelling settles.

After that, you can usually start to be a little more active.

Keep your wound dry for 4 to 5 days, and use a waterproof dressing when you have a bath or shower. You may need to have your dressings changed to check your skin is healing and to remove any stitches. If you have wires in your toes, your surgeon will usually remove them in the clinic after a few weeks. You may need to have x-rays to check the bones have healed.

It can take 6 weeks or longer before the swelling has gone down enough for you to wear a normal soft shoe. Once the bones have healed, you can massage any scars with moisturising cream and gently bend your toes to get them moving.

The healthcare team will tell you when you can return to normal activities. Regular exercise should help you to return to normal activities as soon as possible. Before you start exercising, ask the healthcare team or your GP for advice.

Do not drive until you are confident about controlling your vehicle and always check your insurance policy and with your doctor.

## The future

The swelling often takes up to 6 months to go down completely. Wear comfortable shoes that have enough space for your toes. Wearing shoes with high heels or pointed toes may cause more toe problems in the future.

## Summary

If you have problems with your small toes that are causing pressure and pain, surgery should straighten your toes and make your foot fit more comfortably into a normal shoe.

Surgery is usually safe and effective but complications can happen. You need to know about them to help you to make an informed decision about surgery. Knowing about them will also help to detect and treat any problems early.

**Keep this information document. Use it to help you if you need to talk to the healthcare team.**

### Acknowledgements

Reviewer: Mr Stephen Milner DM FRCS (Tr. & Orth.)

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