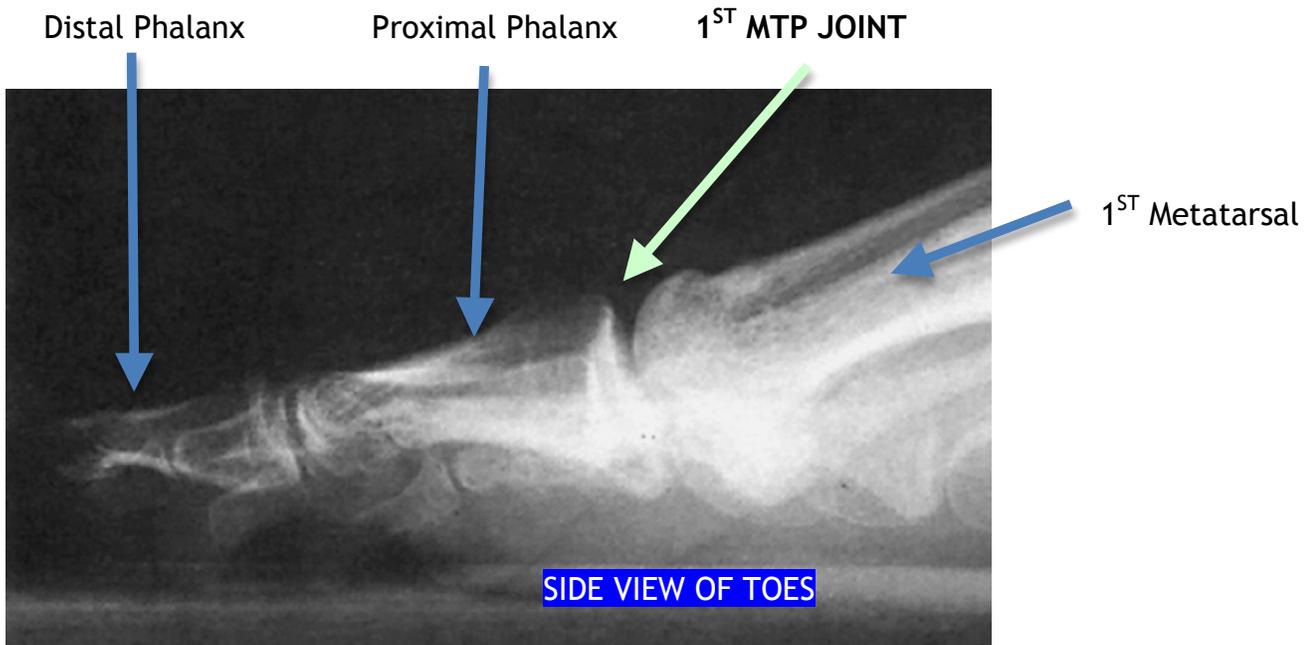




1<sup>st</sup> MTPJ Fusion

Cornwall Foot and Ankle



## Patient Information on 1st MTPJ Fusion (Arthrodesis)

### What is a 1st MTPJ fusion?

A 1st MTPJ fusion of the great (big) toe is an operation, which stiffens the joint at the base of the first toe, taking away any bony lumps and correcting deformity but allowing good movement in the joint in the middle of the big toe.

### Why do I need an 1<sup>st</sup> MTPJ fusion?

The main reason for fusing the big toe joint is arthritis causing painful stiffness with or without deformity. This may be isolated arthritis of the big toe or can be part of a generalized condition affecting the feet such as rheumatoid arthritis. Surgery is indicated for painful arthritis affecting the big toe or for those having difficulty finding comfortable footwear.

Surgery may also be offered for correction of a severe deformity such as Hallux Valgus or after failure of another operation on the big toe, especially if the toe has been left weak, floppy or painful. This surgery is by its very nature more complicated and may require a more prolonged period of elevation and rehabilitation. Sometimes bone graft may be needed to help maintain length of the big toe.

### What if I have nothing done, what will happen?

If nothing is done to the big toe, then the arthritis affecting will tend to worsen over the years. This means that the toe joint will tend to become progressively stiffer.

### How is the surgery done?

Surgery is performed by making a cut along the side of the foot, which is about 6-8cm long. The excess bony lump is removed and then the joint surfaces have their cartilage removed. Preparation of the joint allows us to place the big toe in the best position possible and then two screws are used to hold it in place while the joint fuses. Occasionally a small plate may be used, if surgery is complex.

### Do I need different shoe wear?

After the swelling has reduced, most patients can get into their normal shoes. It is true to say that ladies will find it difficult to wear a heel greater than 5cm in height.



## What Happens after Surgery?

### **How long am I in hospital for?**

This surgery is performed as a daycase for the majority of patients. This involves coming to the hospital in the morning and leaving sometime between lunch and dinnertime. Occasionally patients do stay in hospital overnight but this is very unusual.

### **What happens when I leave hospital?**

When you leave the hospital, you will be wearing a bulky dressing or a small plaster clog but will be able to walk on the foot with as much weight as comfort allows. We advise strict rest and elevation of the foot for the first 14 days and visiting us in the clinic at around 14 days for removal of stitches. From then on, only a light dressing is needed and you may start to increase activity as tolerated but wearing the Podalux shoe for all weight bearing activity.

### **How long do I need off work?**

You may return to sedentary work after 6 weeks. For those patients who do manual work or work involving long periods of standing, 3 months or occasionally more may be required.

### **When can I drive?**

As long as the foot is comfortable, when the toe joint is fused after 6 weeks most patients can return to driving. This may be possible earlier if the car is automatic and the left foot has been operated on.

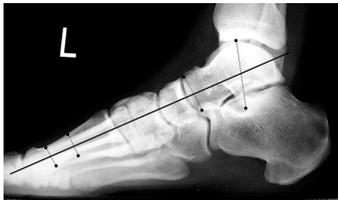
### **Can I Play sport?**

Sport can be resumed after full recovery from surgery has occurred and walking and running is comfortable. It is sensible to start with light activity and build up.

### **When will I be seen in clinic?**

After this surgery, patients normally see us at about 2 weeks, 6 weeks and 3 months. At the 6 week appointment and occasionally at the 3 month appointment, an x-ray is taken to confirm that fusion has taken place.

# Risks and Complications of 1st MTPJ Fusion



## General Risks and Complications

There are general risks associated with having an operation and an anaesthetic, including sickness and nausea. There is a low risk of deep vein thrombosis with elective foot surgery but the British Foot and Ankle Society guidelines suggest a daily injection of fragmin until you are more mobile if we think you are higher risk.

## Specific Risks and Complications



The main problem after a fusion is failure of the joint to fuse. This occurs in about 5-10 in 100 patients. This will not be a problem for half of those patients as the scar tissue between the bones holds them comfortably in the correct position. The remainder will need a re-operation. If the fusion is being redone the rate of failure of fusion increases to 15-20 per 100. Diabetes, Rheumatoid arthritis and smoking significantly increase the failure rate.

Infection is a risk after this surgery and this affects less than 1 in 100 patients.

There is a chance that you may have areas of numbness related to the scar on the foot

Swelling is common after this surgery and may last for months. It is advisable to try and elevate the foot and occasionally use ice after activity if swelling persists.



## Reducing Risks and Chance of Complications

We strongly advise all our patients to try and lead a healthy lifestyle, to eat a well balanced diet and take regular sensible exercise. Smoking can increase the rate of problems with foot and ankle surgery by up to 16 times and we advise all our patients to try and stop smoking. Your family doctor may be able to help and advise you in these matters.



## What do I do if I run into problems?

If you encounter any problems then we are here to help. We would like you to contact our respective secretary to make an earlier clinic appointment so that we will be able to reassure you or to intervene early.

In emergency please visit your GP or attend the Casualty Department.

# Cornwall Foot and Ankle

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