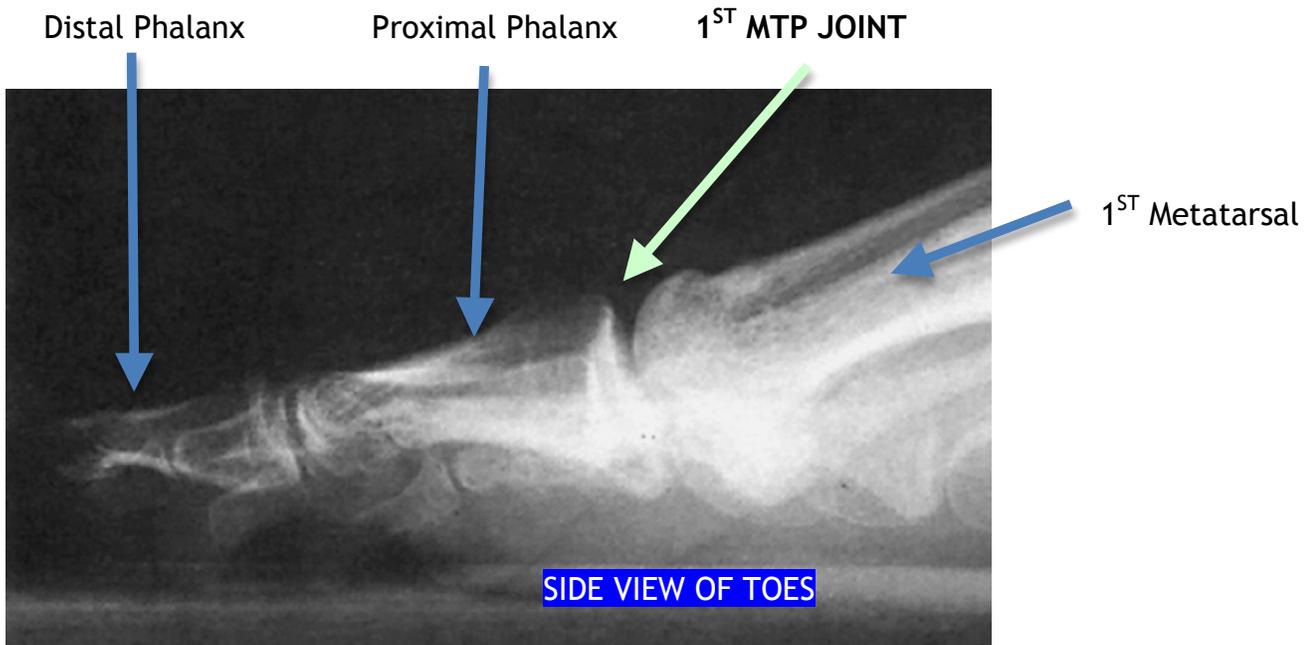




Complex Forefoot Reconstruction

Cornwall Foot and Ankle



Patient Information on Complex Forefoot Reconstruction

What is a Complex Forefoot Reconstruction?

This surgery as it suggests is undertaken to correct deformities of the front of the foot. It nearly always involves a 1st MTPJ fusion of the great (big) toe which stiffens the joint at the base of the first toe, taking away any bony lumps and correcting deformity. It also involves surgery to correct painful lesser toe deformity.

Why do I need a complex forefoot reconstruction?

The main reason for fusing the big toe joint and operating on the lesser toes is to counter the effect of hallux valgus/ arthritis of the big toe or other deformity which had affected all of the forefoot. Symptoms can include pain in the big toes and painful deformities which rub on shoes or give pain on the sole of the foot like 'walking on pebbles'.

Surgery is undertaken to relieve symptoms, help in improving mobility and help in getting into comfortable footwear.

What if I have nothing done, what will happen?

If nothing is done to the big toe, then the arthritis affecting it 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 an optimal position and then two screws are used to hold it in place while the joint fuses. Occasionally a small plate may be used, if there are concerns over bone strength.

Lesser toe surgery can be done in many different ways but the main different types we perform are:

- 1 Oxford Arthroplasty- shortens the toe and may make it stiffer
- 2 Fusion- stiffens the joint and you may have a wire in the toe for up to 6 weeks
- 3 Weil Osteotomy- shortens the metatarsal bone to decompress and correct the joint.
- 4 Cobb-Stainsby Procedure- This shortens the Proximal Phalanx and rebalances the toe. This may make the toe floppier.

Do I need different shoe wear?

After the swelling has reduced, most patients can get into more normal shoes or at least into shoes that may be more comfortable. 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 an overnight stay for the majority of patients. This involves coming to the hospital in the morning and leaving the following morning after being checked over.

What happens when I leave hospital?

When you leave the hospital, you will be wearing a bulky dressing and a Podalux shoe 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.

How long do I need off work?

You may return to sedentary work after 6 weeks. For those patients who do more manual work or work standing for long shifts, 3 months or longer may be required. It takes 6 months to a year for your foot to feel the full benefit of the surgery.

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.

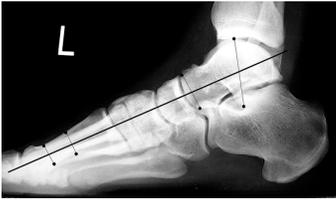
Can I Play sport?

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 2 weeks after surgery to check wounds and remove sutures and then at about 6 weeks and 3 months after surgery with an x-ray to confirm that fusion has taken place. Occasionally a further appointment and x-ray is needed.

Risks and Complications of Complex Forefoot Reconstruction



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 and 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.

There is also a chance after this surgery that the lesser toes will be stiffer or floppier than normal. This is not normally a problem and is accepted as a risk in order to get a more functional and comfortable foot.



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.

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