

## Birmingham Foot Clinic Advice Guide Hallux Valgus / Rigidus – Arthroplasty / Fusion / Joint Replacement/ Implant



X-ray of preserve-  
able Big Toe Joint

X-ray of Rigid Joint

X-ray of Keller  
Arthroplasty

X-ray of Fusion

X-ray of Ceramic  
Implant

X-ray of Fusion

### About Your Operation

When the big toe joint is too worn or damaged to preserve, and too painful or troublesome to leave without surgery, there are three main alternatives which will have been explained to you;

- 1) Remove a section of the joint and leave the joint flexible (Keller type arthroplasty). This has the advantage of being a straightforward procedure that leaves the toe flexible. The disadvantages are that the big toe tends to be less functional and less stable than following other procedures, and the toe tends to be rather shortened. It is, however, a very satisfactory procedure for some people.
- 2) Remove a section of the joint and fuse the joint stiff so that it does not move. This has the advantage of being a straightforward procedure that leaves the toe more stable. The disadvantages are that the toe must be fixed at a slight upturned angle to allow for normal walking, and the stiff toe means that only one height of heel will be tolerated. This may be best when stability, not mobility, of this area is essential.
- 3) Remove the damaged joint and replace this with an artificial joint. This has the advantages of leaving the toe flexible and avoids shortening the toe. The disadvantages are that no artificial toe joint is as good as a normal natural joint, and there is an increased risk of infection or rejection of the joint. A joint implant may be a very satisfactory procedure where the big toe joint is damaged or worn out. Joint implants/ replacements will wear out, and may need to be removed/ replaced, but they have been known to last up to 20 years.

## Problems / Risks Associated with Joint Arthroplasty<sup>1</sup> / Fusion<sup>2</sup> / Replacement<sup>3</sup>

- Thickened scar and / or tender scar - may reduce over 12 months
- Areas of numbness - may reduce over 12 months
- Infection (sudden increase in pain and swelling at 2 to 3 days after surgery - or later) \* see below
- Reduced range of motion (Obviously a problem in 1 & 3 only as there should not be movement in a fusion)
- Short or less functional big toe, causing 2nd toe or MTP joint to be prominent and troublesome<sup>1</sup>
- Troublesome, excessively upturned big toe<sup>1</sup>
- Fixation pins or screws may move and therefore may need removal after the bone has healed<sup>2</sup>
- Variation of shoe style and heel height greatly restricted<sup>2</sup>
- Troublesome, excessively upturned big toe rubs on toebox of shoe<sup>2</sup>
- Troublesome, excessively straight big toe pushes into ground<sup>2</sup>
- Joint failure/ excessive wear/ tissue reaction/ rejection/ bone resorption<sup>3</sup>  
\* see below
- Displacement of implant especially if you fall or the foot is knocked during the healing period<sup>3</sup>

\* may require the need for the implant to be removed resulting in a shorter toe (outcome then similar to option 1 or 2).

## On the day of surgery

On the day of surgery you may eat and drink as normal unless you are being sedated or having a general anaesthetic (follow anaesthetic advice sheet). It is essential that you are accompanied and have made arrangements for transport home, this should not be public transport. Following the surgery, for a typical period of 8 to 10 weeks, you will not be able to drive, as your insurance will be invalid.

This type of foot surgery is usually carried out under a local anaesthetic. With a local anaesthetic you will not be asleep, however you will feel no pain during the operation due to the pain blocking properties of the local anaesthetic given.

Discomfort will only be experienced when the local anaesthetic injections are given, which feel the same as most other injections you may have received in the past. A good comparison is a dental anaesthetic for a filling.

The operation lasts about 30 – 60 minutes in total. You can bring a book or a music cassette / CD if you wish, to help you relax and feel comfortable during the procedure.

## Problems

Following the advice given to you will greatly reduce the risk of a problem. If you are however concerned about anything before or after your surgery you can speak to a member of the team directly on Tel: 07970 740 522. If your call is an emergency and you are unable to get through, you may also contact your GP who will be aware of the surgery you will have had.

## Self care

After the operation you should sit or lie with your leg raised and knee slightly bent for at least 8 hours. For the first 3 days you will need to take pain relieving tablets (analgesics) as prescribed or advised. It also helps during the first 8 hours to place a bag of frozen peas, rapped in a towel across you ankle for 10 minutes per hour. Walking in the first 72 hours should be limited to essentials only e.g. going to bed or the toilet, and for the first 2 weeks should be limited to indoors only.

Stitches are usually removed at 2 to 3 weeks after the operation. You will then have a lighter dressing which will stay in place for a further 2 - 6 weeks. On discharge you can start to wear normal footwear again, however it is strongly advised that you wear a training shoe or similar for 3 months to help in the healing process.

You may experience swelling and unusually sensations in the foot for some period (up to 6 months) following the surgery, however these this will gradually subside.

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