

Big toe (Hallux) corrective surgery

Including Scarf, Weils, Akin/Chevron

Orthopaedic Department



Patient information leaflet

This patient information booklet is designed to provide you with information about Big toe (hallux) corrective surgery. Any alternatives to surgery will have been discussed with you prior to now. It is designed to help you prepare for the operation and to answer some frequently asked question.

There are many types of big toe corrective surgery some of which are listed below.

Scarf Osteotomy

This is an operation for a condition commonly known as 'hallux valgus'. It is for correction of a deformity of the first toe and the associated 'bunion'. The surgery is usually done for pain relief and never performed for cosmetic reasons.

- A cut is made between the first and second toes. Through this cut any tight tissues on this side of the first toe are freed.
- Then a cut is made over the side of the joint. The big toe's 'foot bone' (the first metatarsal) is cut into two halves, reshaped and fixed together with two small screws. The bony bunion is removed.
- The operation usually takes about an hour and can be done as a day case.
- If you have associated claw or hammer toes it may be necessary to use wires (called K wires) which may be visible outside the foot and dressings.

Weils Osteotomy

Can be done independently or alongside a Scarf osteotomy and is for correction of lesser toes deformities, or metatarsalgia 'pain under the ball of the foot'.

Chevron/Akin Osteotomy

These are alternative operations done for big toe corrective surgery. It is for correction of a deformity of the big toe and the associated 'bunion'. The surgery is usually done for pain relief and never performed for cosmetic reasons.

Will I be able to walk ?

- When you return from theatre you will have a large dressing and bandage around your big toe, foot and ankle.
- You can put as much weight on the foot as you can tolerate with the aid of crutches and a protective shoe but you should expect some throbbing and/or discomfort for the first few days.
- You should **walk with the foot flat on the floor** and take short steps 'stepping to' the other leg putting most of the **weight through the heel** and avoiding putting weight through the toes.
- Avoid walking with toe extension (i.e do not hold the big toe off the ground)



What is the best way to climb stairs ?

- When climbing stairs use the aid of a bannister if possible. Hold onto the bannister with one hand and have the crutch in the other hand.
- Climb the stairs using the good leg first then the operated leg (ensuring the whole foot is flat on the step) and then the crutch. Take one step at a time.
- On descending the stairs the order is the reverse crutch- operated leg- good leg.

What about pain relief?

Local anaesthetic nerve blocks are used to minimise the pain after surgery. During your operation injections are used to temporarily stop the small nerves, that supply the feeling to your foot and ankle, from working. The process wears off 6-18 hours after your operation. When you wake up your foot may also feel numb but essentially pain free.

It is important to start taking the pain relieving tablets you have been prescribed immediately after the operation. By starting the pain relieving tablets before the local anaesthetic nerve block has worn off discomfort is kept to a minimum. The vast majority of patients feel very little in the way of pain by doing this. About a week after the operation we advise that you halve the dose of your painkillers and then discontinue them altogether according to symptoms at the time.

If any particular painkillers do not suit you, please let the surgeon and anaesthetist know on the day of surgery.

Will I get any swelling after surgery?

- The foot always swells after surgery; the amount is quite variable.
- It varies in how quickly the swelling disappears after the operation and six to nine months of intermittent swelling is not unusual.

Elevation

- You must elevate your foot most of the time for the first few weeks after surgery.
- The leg needs to be elevated above the level of your heart for elevation to be most effective.
- Before you come into hospital it is recommended that you elevate the end of your bed on blocks or elevate the mattress by putting some firm blankets/cushions underneath. This will aid decrease of swelling.

Contrast bathing and ice packs

Once the bandages have been removed (approximately at six weeks post operatively) you can help to reduce the swelling by doing contrast bathing. Put your foot in a bucket/bowl of ice cold water and then a bucket/bowl of warm water for 30 seconds each. Repeat several times.

Or simply apply a bag of frozen peas (wrapped in a damp cloth) on the top of your foot for 15 minutes. Repeat several times a day.

Will I be given a clinic appointment?

- You will be given/sent an outpatient appointment for approximately 10 days- two weeks after the operation.
- At this appointment you may not see the doctor but your dressings will be changed, wound inspected and the stitches or steristrips removed.
- Your foot will be redressed/ bandaged for a further four weeks. The aim of the dressing is to keep the big toe straight and to protect the wound whilst further controlling the swelling. Depending on the surgery it may be possible to remove the bandages for bathing over the four weeks. Bathe but do not soak the foot. The foot can get wet to wash but dry carefully.
- If you have K wires, do not get your foot wet until four days after the K wires are removed.
- You will need to continue flat foot walking with the protective shoe. Ensure you are not walking with your big toe held off the ground.
- You only need to use the crutches if your foot remains painful but are safe to walk about without the crutches if you feel confident.
- You can also use one crutch in the opposite hand to the side of the operation if this is more comfortable.
- It remains a good idea to keep the foot elevated frequently over the next four weeks.

At 6 weeks

- You will have a further clinic appointment at approximately six weeks after surgery.
- At this stage your dressings will be removed and you will have an x-ray. Any wires present should also be removed.
- You will be able to try and start walking normally. This is sometimes not a quick process and you may find that it takes a few weeks to be walking well. You should be guided by how much discomfort you experience when walking. Try to walk as normally as possible by putting the heel down first and then pushing off the toes.

- You may find that it takes a further few months to wear normal shoes comfortably and may need to wear sandals with supportive straps in the meantime.
- The swelling is always the last thing to recover.

When can I go back to work?

- Depending on your occupation you could be off work for six weeks or more.
- If you have a sedentary job you may be able to return to work after two weeks if you are able to elevate your foot.
- Please discuss this with your Doctor.

What about driving?

- You must not drive for six weeks (unless you have an automatic car and left foot surgery).
- It may take a few weeks to drive comfortably after the initial six week period as pressure on the big toe may continue to be uncomfortable.

What are the risks and complications?

Luckily these are rare with this surgical procedure.

- **Infection** – small stitch redness occurs, serious infection is rare.
- **Swelling** – as previously discussed in the patient information is a certainty.
- **Clots** – very rare.
- **Scar** – some numbness is normal.
- **Reoccurrence** – possible but not common.
- **Transfer Metatarsalgia** – pain under the foot.
- **Stiffness** – can be avoided by performing the exercises in this booklet. May require an injection.

These risks will be discussed with you by your doctor, prior to surgery.

What exercises should I do after the surgery ?

Exercises after surgery are essential to the success of your surgery. It is vital that you understand and perform these exercises in order to prevent stiffness of the joint. Neither a surgeon nor a physiotherapist can do them for you, and this part of your recovery is very much in your hands. It is not possible to cause damage with these exercises, and initially the stretches will be uncomfortable, but you must persist for the best results.

In the first two weeks

- You must move your foot and ankle as much as possible at least 30 times an hour. You may feel a stretch in your calf and/or front part of the foot whilst doing this.
- You must also wiggle your toes as much as you are able although this will be difficult due to the size of the dressing (you will not be damaging the toes by doing this).

Exercises to begin at two weeks after the operation and continue until 6 weeks after operation

1. With your foot flat on the floor and some tissues on the floor. Try to pick up a tissue from the floor by scrunching up all your toes therefore increasing the arch on the inside of the foot.
Repeat 10 times, 3 times a day.
2. Hold the base of the big toe with your fingers and move the whole toe 'passively' downwards and upwards with your other hand. Repeat with the 2nd and 3rd toe. **Repeat 10 times on each toe, 3 times a day.**



3. Sitting with your legs straight out in front of you. Pull the foot and ankle up towards the shin feeling a stretch down the back of the calf. **Hold for 15 seconds and repeat 3 times, 3 times a day.**

Any benefit will be limited due to the bandages still being in situ. Healing will still be taking place but it is important to do the given exercises independently as you are able.

At 6 weeks after the operation

You can now move the toes as much as able within the limits of your pain and start walking normally.

1. Scar massage- gently massage around the scar as much as able. The scar may be sensitive and more painful in areas – it is important to continue to desensitise the scar and prevent adhesions (tissues sticking together) forming. **Try to do this for a few minutes 3 times a day.**

2. In a sitting position – put the weight on the front part of the foot – bending the big toe at the joint – progress this to a standing position once comfortable. **Repeat 20 times, 3 times a day.**



3. Standing one foot in front of the other with your hands against the wall . Bend the front knee keeping your foot straight and heel on the ground, lean towards the wall putting the weight on the front leg. You should feel a stretch in the calf of the back leg. Keep the back knee straight. **Hold for 20 seconds and repeat 3 times, 3 times a day.**

These exercises should be continued for a minimum of six weeks after your six week review.

You are unlikely to require Physiotherapy but will be referred by a Doctor/Healthcare professional if this is felt to be required.

Key reference sources/useful websites

- www.feetforlife.org
- www.footandankleclinic.co.uk
- www.bofas.org.uk
- www.bone-surgeon.co.uk

For further information or advice

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| ■ Physiotherapy Department | 01483 464153 |
| ■ Surgical Short Stay Unit | 01483 406828 |
| ■ Day Surgery Unit | 01483 406783 |
| ■ Orthopaedic/Fracture Clinic | 01483 464158 |

Contact details

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PALS and Advocacy contact details

Contact details of independent advocacy services can be provided by our Patient Advice and Liaison Service (PALS) who are located on the right hand side as you enter the main reception area. PALS are also your first point of contact for health related issues, questions or concerns surrounding RSCH patient services.

Telephone: 01483 402757

Email: rsc-tr.pals@nhs.net

Opening hours: 9.00am–3.00pm, Monday to Friday

If you would like information documents in large print, on tape or in another language or form please contact PALS.

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