



Forefoot Deformity Correction

This leaflet aims to answer your questions about having surgery for forefoot deformity. It explains the benefits, risks and alternatives, as well as what you can expect when you come to hospital. If you have any further questions, please contact us on the details at the bottom of this leaflet.

What is forefoot deformity correction surgery?

Most forefoot deformity surgery is to treat bunions (hallux valgus) or lesser/smaller toe deformities.

What happens during forefoot deformity surgery?

Forefoot deformity surgery can be done as a day surgery procedure, unless you have other significant medical problems that mean you may need to stay in hospital overnight, or if several toes are being corrected at the same time. You will usually have a general anaesthetic (be asleep).

A cut is made over the bunion. The soft tissues around the bunion are released. The bunion is removed and a cut (osteotomy) is made in the long bone of the big toe. This is repositioned and held in place with one or two screws or staples. The wound is closed with stitches. Sometimes these may be dissolvable. Other procedures for the smaller toes may be performed at the same time through separate cuts over those toes. Occasionally these toes may need a temporary wire down the length of the toe to hold everything in the right place. This is called a k wire. The foot and ankle is then bandaged up.

The screws in the big toe are small and usually can be left in forever. However, you only need them until the bone mends around them so they may be removed if necessary. The k wire, if you have one, is removed between 4 and 6 weeks after your operation.

The different types of bone cuts have different names that you may hear in clinic or when signing your consent form: 'Scarf osteotomy', 'Chevron osteotomy', 'Akin osteotomy'.

Why should I have forefoot deformity surgery?

Surgery for bunions and lesser/smaller toe deformities usually only takes place after simple measures have failed to relieve the pain. These include wide fitting shoes, simple painkillers and padding. You must be realistic about the shoes you would like to wear. Even after the surgery, wearing high or medium heeled shoes may still be painful.

What are the risks?

In general, the risks of any operation relate to the anaesthesia and the surgical procedure itself. In most cases you will have a general anaesthetic. The main surgical risks are listed below. The full list of risks will be explained by the surgeon treating you.

Swelling: Your foot will swell after surgery as part of the response to surgery and the healing process. It may take more than six months for the swelling to go down. It is important to elevate your foot in the early stages. The foot will feel wider for these six months.

Stiffness: The big toe may be stiffer than before surgery. For most people this is not a problem, although it may affect high performance athletes or dancers.

Infection: The skin cuts usually heal within two weeks, but may leak a small amount of fluid. In a small number of cases (less than one in 10 patients), the wounds may become infected and need antibiotics.

Recurrence: Occasionally the deformity may recur and need further surgery. This is higher in younger patients, those with generalised laxity (looseness) of joints and those with more severe deformities.

Pain: It is usually painful for the first week after surgery. After recovery, some patients experience pain under the heads of the smaller toes after bunion surgery as the weight is transferred this way ('metatarsalgia'). This is often helped with a simple shoe insole. A small number of patients may experience Chronic Regional Pain Syndrome, a chronic disease characterised by severe pain, swelling, and changes in the skin, which may persist beyond the first few weeks following surgery.

Scar: The scar on the inside of the foot usually fades with time but sometimes becomes prominent.

Numbness: Sometimes the nerve supplying the inner edge or web space of the big toe can be damaged causing patches of numbness. This is not always permanent, although it may take six to twelve months to recover.

Non-union: There is an approximately 2% chance that your bones will not heal together (unite). This may need further surgery. This risk increases if you smoke, and is higher in patients with diabetes.

Are there any alternatives?

Simple non-surgical measures, such as wider shoes made of softer leather must be tried before undergoing surgery.

How can I prepare for forefoot deformity surgery?

You should make arrangements to be collected from the hospital. Someone should stay with you overnight if you have a general anaesthetic and your operation is a day case. You may need some time off work after the surgery. We advise you speak to your employer before surgery to make plans.

Consent - asking for your consent

We want to involve you in decisions about your care and treatment. If you decide to go ahead, you will be asked to sign a consent form. This states that you agree to have the treatment and you understand what it involves.

If you would like more information about our consent process, please speak to a member of staff caring for you.

Will I feel any pain?

There will be some pain after the surgery. While you are asleep local anaesthetic may be injected into your foot to reduce the pain after the operation even if you go to sleep for the surgery. You will be given medicines to take home to control the pain. The nurse will go through the medicines with you, including how often and when to take them. There will be a combination of strong and weak pain killers.

It is important that you continue to take painkillers as advised after your surgery. However, if you have little or no pain you may not need to take the painkillers. If your pain does not settle, you can either be reviewed in your scheduled outpatient appointment or you should seek further advice and management from your GP.

What happens after forefoot deformity surgery?

The same day of surgery

When you have recovered from the anaesthetic, the physiotherapists will give you some crutches and a special orthopaedic shoe. This will allow you to put weight on the heel of your foot, but not on the front of your foot. This will protect the area that has been operated on. Your foot and ankle will be heavily bandaged to protect it and to reduce the swelling. The gauze bandage which is applied in the operating theatre will stay on for two weeks. There will be no plaster cast. You must keep your foot elevated. Most patients can go home on the same day as the surgery.

What do I need to do after I go home?

This is a general guide only. Patients will progress and recover from their surgery at different rates. If your surgeon gives you different advice, then you should follow that.

Days 1 - 7 after surgery

The local anaesthetic in the joint will start to wear off the day after surgery, so you will need to start taking painkillers. You should keep the foot elevated when not walking for the first two weeks after the operation. Whenever the foot is put down, it will swell and become sore. It is normal to see mild bruising and some dry blood on the foot. Do not get your bandaged foot wet.

Days 8 - 14 after surgery

Continue to elevate the foot as much as possible. You may walk short distances within your home or to a car from this week, ensuring you are wearing the special orthopaedic shoe. In week two you can start working from home but you must try and keep the foot elevated. By the end of this week the post operative pain will have significantly reduced.

You will be seen approximately two weeks after your operation in orthopaedic outpatient clinic. At this time the wounds will be checked and any stitches removed. We can advise you at this appointment regarding your return to work.

Simple toe bending exercises will be shown to you at this appointment. Stiffness of the big toe joint can be prevented by regularly performing the exercises at home, every two hours when you are awake. You will leave the appointment with the same orthopaedic shoe. You will be given advice about how to care for your wound.

Days 15 - 21 after surgery

If you have a sedentary job (desk job) and are able to elevate your leg; you will be able to return to work two weeks after your surgery. If you have a heavy manual job it will be at least six weeks, and possibly three months, before you can return to work.

You should not drive, unless your surgery was on your left foot and you have an automatic car. If surgery was on your right foot or you have a manual car, it will be six weeks before you can drive. Motor insurance companies vary in their policies, so check with them first.

Days 22 - 28 after surgery

You should remove all the remaining wound dressings at home, by soaking the dressings off in the bath or shower. If you have a k wire in your toe, do not soak your foot but use a flannel or sponge to wash it. You should apply moisturiser around the healing wound. Once the wound is completely healed, you should apply the moisturiser over the wound as well. You can also massage the scar to soften it and make it less sensitive. Keep wearing your orthopaedic shoe and wear a large sock to stop your shoe rubbing on the scar.

Continue to perform the toe bending exercises. At this stage, your foot will still be swollen. Do not expect to fit into your normal shoes. Continue using your orthopaedic shoe when mobilising.

4 - 6 weeks after surgery

You will have a further appointment to see your consultant in clinic. You may have an X-ray at this appointment to check the bones are healing. If you had a k wire inserted, it will be removed in clinic.

You can start wearing a pair of wider, looser fitting shoes following your six week clinic appointment. A good option includes trainers with loosened laces, croc-style shoes or soft suede boots. Bring a pair with you to your clinic appointment.

If the doctors are happy with your progress you may be discharged at this point.

You may go swimming if all the wounds are dry and healed.

6 - 12 weeks after surgery

Your mobility will continue to improve, although you should avoid walking long distances. You can usually return to work after six weeks if you have a light manual job. You may start driving again, but check with your insurance company first. You can start gentle low impact exercises and activities after six weeks for example using an exercise bike, cycling or cross training. Gradually increase your activity level with time. You can start high impact exercise, for example running, from 12 weeks. You should speak to your surgeon about this if you are uncertain.

3 - 12 months after surgery

It may take six months to return to your normal sporting activity level.

Your foot may continue to be swollen for up to 12 months following this surgery.

Patients are not advised to fly within 12 weeks of foot surgery due to the increased risk of blood clots.

What should I do if I have a problem?

If you experience any of the following symptoms, please contact your GP or go to your nearest A&E department:

- **increasing pain**
- **increasing redness, swelling or oozing around the wound site**
- **fever (temperature higher than 38°C).**

If you have an infection at any time during your recovery, either suspected by you or diagnosed by your GP or an A&E doctor, please contact your surgeon's secretary.

Contact Details

If you have any questions or concerns about ankle arthroscopy surgery, please contact the following:

<ul style="list-style-type: none">• The Lindo Wing, Paddington• The Wellington Hospital• Hospital of St John & St Elizabeth• The BMI Blackheath Hospital	<p>Andre</p> <p><i>tel:</i> 0207 8673747 <i>mob:</i> 07432 572000 <i>fax:</i> 02076919330 <i>email:</i> contact@otlclinic.co.uk</p>
<ul style="list-style-type: none">• Out of Hours (Emergency)	<p>Please contact your GP or go to your local A&E department if you have any urgent medical concerns outside these normal working hours.</p> <p>Please also inform Mr Mushtaq's team at the earliest opportunity.</p>