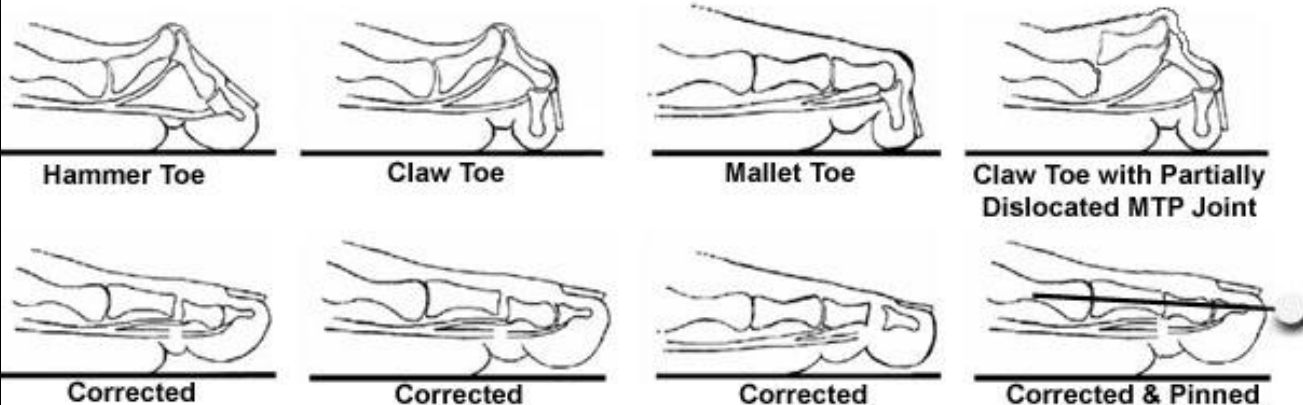


PATIENT INFORMATION SHEET

TOPIC		Hammer – Claw – Mallet Toe	
PROCEDURE		IP JOINT ARTHROPLASTY or FUSION. Soft tissue release	
			
AIMS OF SURGERY	To reduce pain and deformity. To improve the toe alignment [make straighter]. To reduce callous / corn formation		
ADVANTAGES OF THIS OPERATION	Reduces the instability / malalignment which is the cause of the deformity		
SPECIFIC RISKS OF THIS OPERATION	Recurrence of the deformity Toe may not touch the ground 10% (floating toe) Increased prominence of adjacent toes Weakness/lack of toe purchase	Pins (where used) may become loose -necessitating early removal – impairing result Revision surgery is necessary in 2% Infection in 3% Prolonged swelling	
OVERVIEW			
Operation time	Usually between 15 – 30 minutes		
Incision placement / stitches	Usually on top of the toe and with absorbable or standard stitches		
Procedure	A small piece of bone is removed from the small joint in the middle of your toe. Sometimes a wire is used to fuse the joint straight. If necessary, the joint at the base of the toe may be released and the tendon lengthened.		
Fixation	A wire may be used to stabilise the toe whilst it is healing and is generally left sticking out of the end of the toe. This will need to be removed in clinic.		
Will I have plaster?	No		
Is this a Day Procedure?	Yes, you can usually go home the same day		
Estimated time off work	Non-manual work approximately 4-6 weeks Manual work 6-8 weeks		
INDICATIONS FOR THE PROCEDURE	Painful hammer – claw – mallet toe deformity Painful / prominent joint Difficulty with shoe fit despite wearing sensible footwear		
ALTERNATIVE TREATMENTS	Manage your symptoms by changing / activity levels, using painkillers, altering / footwear style. The use of toe protectors, regular podiatry care.		
INFORMATION:	This information is provided by the College of Podiatry (UK)		
MORE INFO BY:	Speaking with your Surgeon		

PATIENT INFORMATION SHEET

Surgery to correct Hammer – Claw – Mallet Toe

The operation can be performed comfortably under a Local Anaesthetic block, which is achieved by either a series of injections around the Ankle, or an injection behind your Knee. You will be fully awake during the operation and will be able to feel touch, pressure and vibration, but you will not feel any pain. If you do not wish to consider having the operation performed whilst still awake, or your Consultant does not feel this is the best option for you, you will be offered Local Anaesthetic with sedation or General Anaesthesia. If this is the case then you may need to be referred to a different surgical team to facilitate this and your consultant will be happy to discuss with you further.

The operation takes about 15-30 minutes although you will be in the Day Surgery unit for some time before the surgery and afterwards, to allow you an opportunity to rest post operatively. You must have a competent adult at home for the first day and night after surgery. This allows us to be sure you will be safe for the first night.

First 2-4 days

- This is the time you are likely to have most pain but you will be given painkillers to help. You must rest completely for 2-4 days.
- You will be able to stand and take weight carefully (sometimes with crutches) after the operation, but you must rest, with your feet up, as much as possible.
- You should restrict your walking to going to the bathroom and when getting about use your crutches in the way you will have been shown.
- You can get about a little more after 3 days.

One week after surgery

- You may need to attend for your foot to be checked and re-dressed.
- You may start to do a little more within pain limits. Pain & swelling means you are doing too much.

Two weeks after surgery

- Sutures will be removed if necessary.
- You will not need a bandage or crutches any longer and can get the foot wet.
- You will be asked to start wearing trainer type shoes.

Between 2-6 weeks after surgery

- Any pin will be removed during this period.
- The foot starts to return to normal and you can return to shoes (4 -6 weeks).
- The foot will still be quite swollen especially at the end of the day.
- You may require a review appoint at 4-6 weeks
- You may return to work but may need longer if you have an active job
- You may return to driving if you can perform an emergency stop. You must check with your insurance company before driving again.

Between 6 -8 weeks after surgery

- The foot should continue to improve and begin to feel normal again.
- There will be less swelling.
- Sport can be considered after 3 months depending on your recovery.

Six months after surgery

- You will have a final review between 3- 6 months following surgery.
- The swelling should now be slight and you should be getting the full benefit of surgery.

Twelve months after surgery

- The foot has stopped improving with all healing complete.

Please note, if a complication arises, recovery may be delayed.



Data information taken from:
O'Kane C, Kilmartin TE, A review of 100 2nd toe Proximal interphalangeal joint arthroplasties. Foot Ankle Int.2005. 26 (4):320-325