

# Having surgery to remove part or all of a problematic toe (amputation)

Department of Podiatric Surgery

Information for Patients

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## What is wrong with my foot?

One of your toes (usually the one next to your big toe) has been pushed into the wrong position by your other toes. This results in the toe rubbing against shoes, either across the top of the toe or on the end of it.

## Why has this happened?

A bunion deformity of the big toe very often pushes the second toe out of position. This toe may end up crossing over the big toe, causing pressure from footwear and difficulty with footwear fitting properly.

## Do I need to have an operation?

The simple measures below may be helpful in relieving some of the symptoms of pressure and rubbing:

- Painful hard skin (calluses or corns) may develop where the toe rubs on footwear. These can be made smaller (pared down) by a podiatrist to help reduce pain. The podiatrist may recommend using padding around these prominent areas to reduce pressure and further build up of hard skin.
- Change of style of footwear.

If these measures do not help, an operation may be considered. There are many options for surgery including removal of part of the toe (partial amputation) or all of the toe (total amputation).

**Health information and support is available at [www.nhs.uk](http://www.nhs.uk)  
or call 111 for non-emergency medical advice**

Visit [www.leicestershospitals.nhs.uk](http://www.leicestershospitals.nhs.uk) for maps and information about visiting Leicester's Hospitals  
To give feedback about this information sheet, contact [InformationForPatients@uhl-tr.nhs.uk](mailto:InformationForPatients@uhl-tr.nhs.uk)

## How can having an operation help?

Having an operation should reduce the pain or stop it completely and you should feel more comfortable when wearing shoes. However surgery should only be considered if the pain is severe or constant and is affecting your life and your ability to wear shoes. Do not have surgery for cosmetic reasons.

## What will the operation involve?

An operation usually involves removing the tip of the toe and the nail, or the whole toe depending on the type of deformity. The foot will be heavily bandaged for a couple of weeks after surgery to protect the wound and control any swelling and bleeding.

## Will I be awake during the operation?

Most operations are carried out under local anaesthetic, which means you will be awake during surgery. This is done by giving a number of injections at the ankle. Local anaesthetic has a lower risk than a general anaesthetic (where you are put to sleep). Under a local anaesthetic you will not feel any pain during surgery but you will feel the surgeon touching your foot, as it does not take away the sensation of touch, temperature and vibration. The local anaesthetic will wear off about 3 to 10 hours after surgery.

In a small number of cases, you and your surgeon may feel that you are better suited to having this surgery under a general anaesthetic. This will be discussed with you beforehand and you will also be given the leaflet [Having a general anaesthetic \(Alliance Day Surgery Units\)](#) to explain what this involves. This leaflet is also available on our online store [www.yourhealth.leicestershospitals.nhs.uk](http://www.yourhealth.leicestershospitals.nhs.uk) - (leaflet 870).

## Can I eat and drink before I come in for my operation?

Most patients will be able to eat, drink and take their regular medicines as normal. However, if you have been told that your surgery will be under a general anaesthetic, you should not eat or drink for some time before your operation and anaesthetic to avoid complications. This will depend on what time your operation is planned for. See the 'Having a general anaesthetic' leaflet for eating and drinking instructions. We will tell you if any of your regular medication needs to be stopped.

## How successful is the operation?

There are possible risks with all operations. The podiatric surgery team will carry out tests and check to make sure you have the best chance of success. You must also carefully follow all of the advice and guidance given to you after surgery to get the best results. 84 out of 100 of our patients report a big improvement in their symptoms after having this surgery.

## **What to do if you can't attend for your operation**

You must telephone the Day Surgery Unit staff to let them know if you are unable to attend for your operation. Telephone numbers are at the end of this leaflet. This may be because:

- your current health status has changed (your operation may need to be delayed).
- you feel/ are unwell on, or just before your operation date (e.g. cough, cold, high temperature or sickness and diarrhoea).

## **What do I need to do before I come in for my operation?**

- If you are overweight, smoke or are not active, your recovery after surgery may take longer with a greater risk of developing complications. You may want to discuss this with your GP or health care professional to see what you can do before surgery to help with this.
- Expect to be with us for 2 to 5 hours. Please note, the Day Surgery Unit will not allow family or friends to stay with you.
- Check your appointment letter to make sure you know what time to arrive and where to go.
- Clean well under your toenails the day before your operation.
- Have a bath or shower on the day of your operation using soap.
- Remove all jewellery (except a wedding ring if you wear one).
- You may bring a personal music device with headphones but please keep any other valuables to a minimum.
- Bring slippers to wear; you may also wish to bring a dressing gown.
- Do not remove hair on the foot.
- Remove nail polish and false nails.

## **Why does someone need to stay with me after my operation?**

We ask that someone stays with you for at least the first night after your operation. This is for your own safety. Although very rare, it is possible that you may feel unwell or you may fall and need help. If you cannot arrange this, please cancel your appointment. We will arrange another appointment for you as soon as you tell us you have this support in place.

## **Will I need crutches?**

Crutches are not normally needed after this surgery.

## What are the possible complications after surgery?

Complications may happen in about 1 in 20 cases but they can usually be treated and should not result in permanent disability or pain. However, a small number of patients do develop long-term problems or are not happy with the results of surgery. You must be sure that the potential benefits of having this operation outweigh the risks.

### Possible complications with toe amputation surgery include:

- painful scar tissue.
- increased deformity to surrounding toes which may move into the space where the toe used to sit.
- damage to nerves in the skin.
- loss of sensation, usually temporary, though occasionally permanent.
- blood clot in the leg (deep vein thrombosis (DVT)) or lung (pulmonary embolism (PE)). You will be assessed for your DVT or PE risk and given information on how to reduce the risk of getting a blood clot after your operation.
- infections in the wound and minor damage to the nerves of the toe can happen after any foot operation. Infection rates are about less than 1 in 50 of all operations. Usually these are minor problems that get better quickly. Very rarely, wounds can become more deeply infected and need another operation. Nerve pain may be ongoing and worse than before your operation.
- The dressing may become blood stained. If the mark is no more than 5 cm (2 inches) wide there is normally no problem. If you are concerned please contact us. Do not attempt to change the dressing yourself.

If you experience any of the symptoms below contact the Day Surgery Unit (Monday to Friday, 8.30am to 4.30pm). If no one is available, contact your GP/ Emergency Department (out of office hours), or contact the NHS helpline on 111:

### Infection - symptoms to look out for include:

- sudden increase in pain.
- wound starts to bleed.
- increasing redness in the area around your wound.
- leakage from your wound that smells.
- temperature of 38° C (100.4° F) or more.

**Deep vein thrombosis (DVT)** - if you have any of the symptoms below contact your GP urgently or call the NHS helpline on 111:

- pain, swelling and tenderness in 1 or both of your legs (usually your calf). Usually (although not always) affects 1 leg. The pain may be worse when you bend your foot upward towards your knee

- a heavy ache or tightness in the affected area.
- warm skin in the area of the clot.
- red skin, particularly at the back of your leg below the knee.

**Pulmonary embolism (PE)** - if you have any of the symptoms below call 999 urgently:

- chest pain or breathlessness, which may come on gradually or suddenly.
- chest pain, which may be worse when you breathe in.
- you collapse suddenly.

## What happens after the operation?

### 2 to 4 weeks after surgery:

- After the stitches have been removed a thin dressing will be put onto the wound. Keep this on and dry for 7 days. After 7 days, remove the dressing and as long as there is no leakage on it and the wound is closed, you may bathe or shower. Do not soak the foot at first.
- Massage a plain, unperfumed moisturising cream into your foot 3 times a day. As the skin becomes stronger spend some time deeply massaging the surgery site, as this will greatly help the scar and swelling to settle down. It will also help with blood circulation and healing.
- Start with a trainer style shoe.
- Continue with light duties and listen to your foot. If it aches or swells, you must rest and keep your foot raised (elevate) as much as possible. Use an ice pack if needed.
- The recovery period after your operation will depend on the type of surgery you had and how fast your body is able to heal. It may take 6 months to fully recover from your operation.

### 4 to 6 weeks after surgery:

During this time your foot should start to return to normal. Although your foot should now feel more comfortable, there will still be swelling, particularly towards the end of the day. Wearing wider fit shoes or trainers is often needed. This is normal as feet and legs are very prone to swelling

### 10 weeks after surgery:

You will be seen again for a review in the Outpatients Department

### 6 months after surgery:

You will have a final review with the Podiatric Surgery Team. Any swelling should be slight or may have completely gone and you should be getting the full benefit of the surgery.

## When can I drive a car?

You are strongly advised not to drive until you are comfortable walking in a normal outdoor shoe. You must also be able to confidently perform an emergency stop.

## When can I return to work?

Most patients can return to work 2 to 4 weeks after surgery. This will depend on the type of work you do as well as what type of operation you had. If you have a job where you need to be physically active you may be advised to take more time off work. If this is the case, we will arrange a sick note for you.

## Contact details

If you have any questions or concerns please do not hesitate to get in contact with the Podiatric Surgery Team (Monday to Friday, 8.30am to 4.30pm):

- **Rutland Memorial Hospital:**  
Main reception: 01572 722 552 (option 8 for outpatient appointments)
- **Melton Mowbray Hospital:**  
Main reception: 01664 854 800 / Day Surgery Unit: 01664 854 904
- **Loughborough Hospital:**  
Main reception: 01509 611 600 / Day Surgery Unit: 01509 564 406
- **Hinckley & District Hospital:**  
Main reception: 01455 441 800 / Day Surgery Unit: 01455 441 845 /  
Outpatient appointments: 01455 441 876
- **Market Harborough Hospital (St Luke's Treatment Centre):**  
Main reception: 01858 410 500 / Outpatient appointments: 01858 438 135

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على هذه المعلومات بلغة أخرى، الرجاء الاتصال على رقم الهاتف الذي يظهر في الأسفل

જો તમને અન્ય ભાષામાં આ માહિતી જોઈતી હોય, તો નીચે આપેલ નંબર પર કૃપા કરી ટેલિફોન કરો

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Aby uzyskać informacje w innym języku, proszę zadzwonić pod podany niżej numer telefonu

If you would like this information in another language or format such as EasyRead or Braille, please telephone 0116 250 2959 or email [equality@uhl-tr.nhs.uk](mailto:equality@uhl-tr.nhs.uk)