

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 may cause the toe to rub 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 surgery?

The following simple measures may help with some of the symptoms of pressure and rubbing. If these do not ease your pain, having surgery may help. There are many options for surgery and may include removal of part of the toe (partial amputation) or all of the toe (total amputation).

- Podiatry - painful hard skin (calluses or corns) may develop where the toe rubs on footwear. These can be made smaller (pared down) to help reduce pain. They may recommend using padding around these prominent areas to reduce pressure and further build up of hard skin.
- Footwear—wearing soft, wide and well-fitting shoes or made to measure shoes

**Health information and support is available at www.nhs.uk
or call 111 for non-emergency medical advice**

Visit 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

How can having surgery help?

Having surgery should reduce the pain or stop it completely. You should feel more comfortable when wearing shoes. You should think about surgery only if

- the pain is too much or ongoing and is affecting your life
- you are not able to wear shoes, or you are getting sores from your shoes rubbing.

Do not have surgery for cosmetic reasons.

What will the surgery involve?

Surgery usually involves removing the tip of the toe and the nail, or the whole toe depending on the type of deformity. The surgery team will talk to you about which is the best option for you. The foot will be heavily bandaged for a couple of weeks after surgery. This is to protect the wound and control any swelling and bleeding.

Will I be awake during the surgery?

Most surgeries are done under local anaesthetic. This means you will be awake during surgery. You will have a few injections at the ankle or toe. Local anaesthetic has a lower risk than general anaesthetic (going to sleep). The anaesthetic takes away pain but not the feeling of touch, temperature and vibration. You should not feel any pain during the surgery. You will feel the surgeon touching your foot. The local anaesthetic will wear off about 3 to 10 hours after surgery.

In some cases, you and your surgeon may feel that it is better for you to have your surgery under general anaesthetic. This will be discussed with you beforehand. You will also get information leaflet 870: [Having a general anaesthetic \(Alliance Day Surgery Units\)](#) to explain what this involves. Available on YourHealth at <https://yourhealth.leicestershospitals.nhs.uk/>

Can I eat and drink before I come in for my surgery?

Most patients will be able to eat, drink and take their regular medicines as normal. But, if you have been told that your surgery will be under general anaesthetic, you should not eat or drink for some time before your surgery and anaesthetic to avoid problems. This will depend on what time your surgery is booked. The 'general anaesthetic' leaflet has information about eating and drinking. We will tell you if any of your regular medications need to be stopped.

How successful is the surgery?

There are possible risks with all surgeries. The podiatric surgery team will carry out tests and checks. This to make sure you have the best chance of success. The team will also give you advice and guidance after surgery. To get the best results, carefully follow all the advice and guidance that you are given.

- 84 out of 100 of our patients say that their symptoms have become less after this surgery.
- About 1 in 20 cases may have problems, but can usually be treated. They should not cause permanent disability or pain
- A small number of patients can have long-term problems or are not happy with the results of surgery. You must be sure that the benefits of this treatment are greater than the risks.

Some possible complications with toe amputation include:

- painful scar tissue
- increased deformity to surrounding toes which may move into the space where the toe used to sit
- 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 checked for your DVT or PE risk and given information on how to reduce the risk of getting a blood clot after surgery. Leaflet 338 and 339 available on YourHealth at <https://yourhealth.leicestershospitals.nhs.uk/>
- infections in the wound and minor damage to the nerves of the toe can happen after any foot surgery. Infection rates are estimated at less than 1 in 50 of all surgeries
- Usually these are minor problems that get better quickly. Very rarely, wounds can become more deeply infected and need another surgery. Nerve pain may be ongoing and worse than the pain before your surgery.

What to do if you cannot come for your surgery

If you cannot make it for your surgery, call the day surgery unit staff and let them know. You can find the phone numbers at the end of this leaflet.

Your reasons could be as follows:

- your current health status has changed (your surgery may need to be delayed).
- you feel or are unwell (such as a cough, cold, high temperature, infection or sickness and diarrhoea) on, or just before your surgery date.

What do I need to do before I come in for my surgery?

Please be aware that you cannot have family or friends stay with you in the day surgery unit. You will need to be for 2 to 5 hours.

- Check your appointment letter to make sure you know what time to arrive and where to go
- Have a bath or shower on the day of your surgery using soap
- Take off jewellery except your wedding ring (if you have one).

- You may bring a personal music device with headphones. Please do not carry too many extra items
- 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. Clean under your nails the day before your surgery

If you smoke, are overweight, or not active, you may take longer to heal after surgery. You may be in a greater risk of having problems. Talk with your GP or health professional to see what you can do before surgery to help with this.

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

For your own safety, ask someone to stay with you for the first night after your surgery. It is rare but, it is possible that you may feel unwell or you may fall and need help. If you cannot set this up, please cancel your appointment. We will book another appointment as soon as you have the help in place.

Will I need crutches?

Crutches are not normally needed after this surgery.

What will happen 1 to 2 weeks after the surgery?

- a responsible adult should drive you straight home after your surgery. Public transport is not suitable. On the way home, keep your leg or foot up
- fully rest for 2 days after your surgery. Your foot may be quite sore. You should keep your foot raised above your hip (elevated) to help with any swelling and pain. You may use pillows to support the leg and thigh
- if you have a lot of pain after the anaesthetic wears off, apply an ice pack at the ankle to help with this. Do this for 10 minutes and remove for 10 minutes 3 times, up to 6 times in a day (24 hours)
- do not use ice packs if you have diabetes or no feeling in the foot
- if the pain worsens and it is 'after office hours', call your on-call GP service, dial 111 or go to your local Emergency Department. They will need to know what surgery you have had and the painkillers you have already taken
- after 2 days, you may walk around for no more than 5 to 10 minutes in every hour. You will still need to strictly rest and raise your foot for 14 days after your surgery. Please use the trauma shoe whenever you are on your feet. The shoe does not bend. It keeps your foot supported and keeps pressure off the wound. When you are sleeping or relaxing with your feet up, you may take off the shoe
- reduce the risk of blood clots (deep vein thrombosis in the leg or pulmonary embolism in

the lung) by **HER**: **H**ydrate (drink plenty of water), **E**levate (raise) the limb and **R**otate (from the ankle joint, use your foot to draw letters of the alphabet in the air. This helps to exercise the calf muscles at the back of the leg. Do not sit with legs crossed.

- you must keep the dressings dry. Wet dressings may cause the wound to become infected
- you may get very little pain after your surgery. You may think that you can do more than you should. Rest and elevation are essential. Too much walking may cause the foot to become painful and swollen which will delay healing and increase the risk of infection
- a member of the surgical team will see you in 7 to 14 days after your surgery for a review
- stitches will be removed at 10 to 14 days after your surgery
- your first appointment will be sent to you . Further appointments will be made when you are seen in clinic
- you may find that a form of bed cradle (use a cardboard box) is helpful if the weight of the bedclothes causes a problem to the operated foot

Possible complications after your surgery.

In the following circumstances, call the day surgery unit (Monday to Friday, 8.30am to 4.30pm). If no one is available, contact your GP or Emergency Department (out of office hours), OR call 111:

Infection - symptoms to look out for include:

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

Deep vein thrombosis (DVT) - if you have any of these symptoms you should urgently contact your GP or call 111:

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

Pulmonary embolism (PE) - if you have any of these symptoms you should call 999:

- chest pain or breathlessness, which may come on slowly or suddenly.

- chest pain, which may be worse when you breathe in
- you collapse suddenly

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.

What will happen 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. This 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 then you should stop doing activities. Rest and raise again and use ice packs if needed
- How long it takes you to heal from surgery depends on the treatment you had and how fast your body is able to usually heal. You may take 6 months to heal fully from your surgery

What will happen 4 to 6 weeks after the surgery?

- During this time your foot should start to return to normal. The foot should now be more comfortable but, there will still be some swelling, particularly towards the end of the day
- Wear a wider fit shoe or trainers

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 Surgery Team. Any swelling should be slight or may have completely gone. 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 and stitches have been removed. 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.

Who is responsible for my care?

Your treatment or surgery will be done by a podiatric surgeon. This is a fellow of the faculty of surgery (College of Podiatry). Podiatric surgeons are not registered medical doctors (medical practitioners). They are non-medical specialists in the surgical and non-surgical management of problems of the foot and ankle. They are registered with the Health and Care Professions Council (HCPC).

Titles: The podiatric surgery team may have different professionals dedicated to the success of your surgery. The common titles are explained below.

Podiatrist:

- has a 3 year degree in podiatric medicine and will be registered with the Health and Care Professions Council (HCPC)
- are independent clinicians, qualified to diagnose and treat foot and ankle problems
- may specialise in particular areas of work such as, the care of the diabetic patient or sports medicine

Podiatric surgeon:

- is a podiatrist that has trained only in the surgical and non surgical treatment of the foot and ankle
- is not registered with the GMC as they are not medically qualified
- is registered with the Health and Care Professions Council (HCPC). You can check your professional is registered with the HCPC.

Consultant podiatric surgeon:

After some years of practice within a Health Service Department of Podiatric surgery, a podiatric surgeon may be appointed as a consultant that is the lead clinician appointed by an NHS Trust to provide a podiatric surgery service.

Are podiatric surgeons the same as orthopaedic surgeons?

Podiatric surgeons are **not the same** as orthopaedic surgeons but carry out **similar foot operations**.



Orthopaedic surgeons:

- completed a medicine degree and are doctors
- then went for further training in the management of bone and joint conditions which affect the whole body. Some go on to have specialist training in one area of the body e.g. the foot and ankle.

For more information please go to: <https://rcpod.org.uk/podiatric-surgery>

Contact details:

If you have any questions or concerns please contact the Podiatric Surgery Team (Monday to Friday, 8.30am to 4.30pm):

Rutland Memorial Hospital: Main reception: 01572 772000 (option 8 for outpatient appointments)

Melton Mowbray Hospital: Main reception: 01664 854800. Day Surgery Unit: 01664 854904. Outpatients: 01664 800154

Loughborough Hospital: Main reception: 01509 611600. Day Surgery Unit: 01509 564406. Outpatients: 01509 564355

Hinckley & District Hospital: Main reception: 01455 441800. Day Surgery Unit: 01455 441845. Outpatient appointments: 01455 441918

Market Harborough Hospital (St Luke's Treatment Centre): Main reception: 01858 410500. Outpatient appointments: 01858 438135

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