

Having surgery on your foot for arthritis of the big toe

Department of Podiatric Surgery

Last reviewed: May 2024

Next review: May 2027

Information for Patients

Leaflet number: 1115 Version: 2

What is arthritis of the big toe?

Arthritis of the big toe joint is very common. Joint pain and stiffness can occur over a long period of time. It can also develop quickly following injury or even after surgery where the joint was already becoming arthritic. Over time, the joint cartilage becomes thinned and roughened, the joint space becomes narrower and the joint may feel thickened and stiff, due to extra bone building up around the joint. The joint may become swollen and stiff, especially after rest.

Why has this happened?

The joint of the big toe takes more weight than any other foot joint when you 'push off' the ground during walking. It is more likely to be affected by 'wear and tear' resulting in arthritis. Having long foot (metatarsal) bones and having flat feet are also factors which can affect the development of arthritis in the big toe joint.

Do I need to have surgery?

The following simple measures below may help ease any joint pain. If these do not help and you have been told you have arthritis, having surgery may help. Surgery will not give you an entirely normal foot. If your big toe joint does not hurt and you do not have any problems with shoe fitting, there is no need for surgery.

- Footwear - wear firm soled, cushioned and wide, well-fitting shoes. A walking shoe/ boot or a trainer style shoe is ideal, or made to measure shoes. Insoles may also be helpful
- Podiatry - to look at the way you walk and see if a change in footwear or using padding

**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

around the bump or an insole may ease your pain.

- Painkillers

How can having surgery help?

Having surgery should reduce the pain or stop it completely and you should be able to walk around more easily. The toe/s should be straighter and work better. You should feel more comfortable when wearing shoes. You should only think about surgery if:

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

Do not have surgery for cosmetic reasons.

What will the surgery involve?

There are many ways to treat an arthritic joint. This depends on where the pain is, how flexible your toe is and your general health. The surgery team will talk to you about which is the best option for you.

Fixing the bones together (fusion) of the big toe joint (arthrodesis), is the most common surgery.

- The damaged joint surfaces are removed and the bone ends are held together with screws/ plates which allow the new bone ends to heal together.
- The joint will be completely stiff but should be pain free with a stronger toe.
- The toe must be fixed at a slightly upturned position to allow you to walk normally.
- As the joint is stiff, you will not be able to wear a high heeled shoe.
- To make sure that the big toe joint joins together well, it may take 8 to 10 weeks before you can start to walk more normally in a trainer shoe.
- The foot will be heavily bandaged for a few weeks after surgery. This is to protect the wound and control any swelling and bleeding.

Will I be awake during 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. 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 surgery. You will feel the surgeon touching the foot. The local anaesthetic will wear off at 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 an information leaflet 870: '[Having a general anaesthetic](#)' to explain what this involves. Available on Your Health at yourhealth.leicestershirehospitals.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. However, 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 is to make sure you have the best chance of success. The team will also give you advice and guidance after your surgery. To get the best results, carefully follow all the advice and guidance that you are given

- 88 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 they 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 the surgery. You must be sure that the benefits of this treatment are greater than the risks

Some possible complications for big toe surgery include:

- Blood clot in the leg (deep vein thrombosis - DVT) or lung (pulmonary embolism - PE). You will be checked for your DVT and PE risk and given information on how to reduce the risk of getting a blood clot after surgery. Leaflets 338 and 339 available on YourHealth at yourhealth.leicestershospitals.nhs.uk/
- The bones may not heal (fuse together) and you may need another surgery. The risk of bones not fusing is 2.7 times higher in smokers compared with non-smokers. Smoking also delays wound healing. We strongly recommend that you stop smoking 4 weeks before and after your surgery date
- The buried screw or plate, which is normally left in place, may need to be removed if it works loose or causes irritation to the surrounding skin. This can happen in 1 in every 10 people
- Weight may move onto the ball of the foot. After the surgery, this transfer of weight can increase. If you have pain under the ball of the foot (metatarsalgia) it may be worse after the surgery or it may develop for the first time. We plan your surgery to reduce this risk but cannot avoid it completely. Most people who develop metatarsalgia are comfortable with a simple insole in the shoe but sometimes you may need further surgery
- Excessively upturned big toes can rub against some shoes and become sore or, if the toe is too straight, the big toe can press into the ground and become sore. Further surgery may be needed
- 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 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/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 with us 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 operation using soap
- Take off jewellery except your wedding ring (if you have one)
- You may bring along 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 the nails well the day before your surgery

If you smoke, are overweight or not active, you may take longer to heal after your surgery. You may be in a greater risk of having problems. Talk to 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 surgery?

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?

For **8 weeks** you should walk on the heel of the operated foot, with crutches to support you.

We will show you how to do this on the day surgery unit before you go home. Please avoid stairs if possible. You will get a leaflet about using crutches: [leaflet 1164](#) available on YourHealth at yourhealth.leicestershospitals.nhs.uk/

What will happen 1 to 2 weeks after the surgery?

- A responsible adult should be with you and you should be taken 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 may be given painkillers to help with this. 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 'out of 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 to 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**: Hydrate (drink plenty of water), Elevate (raise) the limb and Rotate (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

If you have any of the following, call the day surgery unit (Monday to Friday, 8:30am to 4:30pm).

If no-one is available then 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
- a 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 one 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 1 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
- sudden collapse

The dressing may become blood stained. If the mark is no more than 5 cms (2 inches) wide there is normally no problem. If you are concerned please contact us. Do not try to change the dressing yourself

What will happen 2 to 4 weeks after the surgery?

- After the stitches have been removed a thin dressing will be put on to 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 the foot 3 times a day. As the skin

becomes stronger, spend some time deeply massaging the operation site. This will greatly help the scar and swelling to settle down. It will also help with circulation and healing

- Continue to walk on the heel in the trauma shoe and use the crutches
- Continue with light duties and listen to your foot. If it aches or swells then you must 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 quickly your body heals. You might need 6 months to heal fully from your surgery

What will happen 4 to 8 weeks after the operation?

- Continue to walk on the heel in the trauma shoe and use the crutches
- The foot should now be more comfortable. There will still be some swelling, particularly towards the end of the day. This is normal as feet and legs are very prone to swelling
- Although the wound has healed, your body continues to mend bone and other tissues

8 weeks after your operation

- You will come back for a review and have an X-ray in the Outpatients department
- Bones take 6 to 12 weeks to mend and to recover their original strength. It is important to be patient and to avoid too much activity. In severe cases the bone may break or screws/wires may fail and work loose
- If the foot is healing well you may start to wear a trainer style shoe

6 months after your operation

You will have a final review with the surgery team. Any swelling should be slight or may have completely gone completely. You should be getting the full benefit of the surgery

When can I drive a car?

Do not drive a car until at least 8 weeks after your surgery. Start driving only when you are comfortable walking in a normal street shoe. You must also be confident and able to do an emergency stop

When can I return to work?

Most patients can return to work 8 to 12 weeks after the surgery. This will depend on the type of work you do, as well as what surgery you had. If you have a physically active job you may be told 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 practitioners (medical doctors). They are non-medical specialists in the surgical and non-surgical management of problems of the foot and ankle - bones, tendons and ligaments. They are registered with the Health and Care Professions Council (HCPC).

Titles

The podiatric surgery team may have different professionals involved in 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 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
- 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: rcpod.org.uk/podiatric-surgery



Contact Details:

If you have any questions or concerns please do not hesitate to get in contact with the podiatry 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

اگر آپ کو یہ معلومات کسی اور زبان میں درکار ہیں، تو براہ کرم مندرجہ ذیل نمبر پر ٹیلی فون کریں۔
على هذه المعلومات بلغةٍ أخرى، الرجاء الاتصال على رقم الهاتف الذي يظهر في الأسفل

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

Previous reference:

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