

# Having surgery on your foot for arthritis of the big toe

## Department of Podiatric Surgery

Information for Patients

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### 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 an operation?

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 an operation may help. It will not give you an entirely normal foot.

- Footwear - wear soft, wide and 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 around the bump or an insole eases your pain.
- Painkillers

**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 having an operation can help

Having an operation 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. However, an operation should only be considered if the pain is severe or always there and is affecting your ability to walk and stand, wear shoes or you are getting sores over the bony bumps. Do not have an operation for cosmetic reasons.

## What happens during the operation?

There are several choices depending on the actual problem you have, where the pain is, how much movement your toe has and your general health. The podiatric surgery team will talk to you about which is the best choice for you.

Fixing the bones together (fusion) of the big toe joint (arthrodesis), is the most common method offered. 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 couple of weeks after the operation to protect the wound and control 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 the operation. This is done having a number of injections at the ankle. Local anaesthetic has a lower risk than general anaesthesia (going to sleep). The anaesthetic takes away pain but not the sensation of touch, temperature and vibration - you will not feel any pain during the operation but you will feel the surgeon touching the foot. The local anaesthetic will wear off approximately 3 to 10 hours after surgery.

In a small number of cases, you and your surgeon may feel that surgery under general anaesthesia is better suited. If this is your case, this option will be discussed with you beforehand and you will also be given a '[Having a general anaesthetic](#)' information leaflet to explain what this involves'. Available on [YourHealth](#) (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 general anaesthesia, you should not eat or drink for some time before your operation and anaesthetic to avoid problems. This will depend on what time your operation is planned for – see the 'general anaesthetic' leaflet for eating and drinking instructions. We will tell you if any of your regular medications need to be stopped.

## How successful is the operation?

There are possible risks with all operations. The surgery team will carry out tests and check you to make sure you have the best chance of success. To get the best results you must carefully follow all of the advice and guidance given to you after your operation. 88 out of 100 of our patients report to be much better following this surgery.

Complications may occur 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 unhappy with the results of surgery. You must be sure that the potential benefits of having this operation outweigh 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 risk of developing blood clots and given information on how to reduce the risk of getting a blood clot after you operation
- The bones may not heal (fuse together) properly and you may need another operation. 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 operation date
- The buried screw or plate, which is normally left in place, may need to be removed if it becomes 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 operation, this transfer of weight can increase. If you have pain under the ball of the foot (metatarsalgia) it may be worse after the operation or it may develop for the first time. We plan your operation 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 another operation
- 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, a further operation may be needed
- Infections in the wound and minor damage to the nerves of the toe can happen following any foot operation. Infection rates are estimated at less than 1 in 50 of all operations. Usually these are small problems that get better quickly. Very rarely, wounds can become more deeply infected and require a further operation. Nerve pain may continue and be worse than the pain before surgery

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

You must telephone the Day Surgery Unit staff to let them know if you are unable to come for your operation. Phone numbers can be found 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 (such as a cough, cold, high temperature or sickness and diarrhoea) on, or just before your operation date

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

- Please note, the Day Surgery Unit will not allow family/ friends to stay with you. Expect 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
- Clean under the nails well the day before your operation
- 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 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
- If you are overweight, smoke or not active, it may take longer for you to recover after with a greater risk of developing complications. You may want to talk about this 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?

We request 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 make 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, or go up and down the stairs on your bottom.

## What will happen in the first 2 weeks after the operation?

- A responsible adult should escort or drive you straight home after your operation. Public transport is not suitable. On the way home, keep your leg/foot up
- Fully rest for 2 days after your operation. Your foot may be quite sore; you will 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 experience an excessive amount of pain after the anaesthetic wears off, this can be helped by applying an ice pack at the ankle (above the dressing). Apply for 10 minutes and remove for 10 minutes 3 times, to a maximum of 6 times in a 24 hour period

- Do not use ice packs if you have diabetes or no feeling in the foot
- If you continue to have pain and it is 'out of office hours', call your on-call GP service, call 111 or visit your Emergency Department. They will need to know what operation 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 operation. Please use the trauma shoe whenever you are on your feet, even when you are using the crutches. The shoe does not bend, supports your foot and prevents pressure to the wound. You may take the shoe off in bed or when resting with your feet up
- Reduce the risk of blood clots (DVT and PE) 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 operation. 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
- You will be seen at 7 to 14 days after your operation for a review. Stitches will be removed at 10 to 14 days following your operation
- Your first appointment will be sent to you and 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 operation

In the following circumstances, contact the Day Surgery Unit (Mon to Fri, 8:30am to 4:30pm). If no-one is available, contact your on-call GP service, call 111 or visit your local Emergency Department

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

- sudden increase in pain
- wound starts to bleed
- increasing 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 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 gradually or suddenly
- chest pain – which may be worse when you breathe in
- sudden collapse

The dressing may become blood stained. If the mark is 5 cms (2 inches) wide or less, 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 the operation?**

- After the stitches have been removed a thin dressing will be put on to the wound. Keep this on and keep it 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 as 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/swells then you must slow down/ stop activities, rest and elevate again and use ice packs if necessary
- The recovery period from surgery will vary depending on the specific procedure performed and your body's healing rate. It may take 6 months to fully recover from your operation

**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 but 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 be seen again 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 therefore 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.

## **6 months after your operation**

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 at least 8 weeks after your operation and only when you are comfortable walking in a normal street shoe. You must also be confident and competent to perform an emergency stop

## **When can I return to work?**

Most patients can return to work 8 to 12 weeks after the operation. Obviously it will depend on the type of work you do as well as what operation 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 organise 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 (Mon to Fri, 08:30am to 4:30pm).

### **Rutland Memorial Hospital**

Main reception: 01572 722552 (option 8 for outpatient appointments)

### **Melton Mowbray Hospital**

Main reception: 01664 854800.

Day surgery unit: 01664 854904

### **Loughborough Hospital**

Main reception: 01509 611600

Day surgery unit: 01509 564406

**Hinckley & District Hospital**

Main reception: 01455 441800

Day surgery unit: 01455 441845

Outpatient appointments: 01455 441876

**Market Harborough Hospital (St Luke's Treatment Centre)**

Main reception: 01858 410500

Outpatient appointments: 01858 438135

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على هذه المعلومات بلغة 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:

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)