Please bring this patient information booklet with you on the day of your operation

Hammer toe correction surgery

Information for patients

What are the benefits of hammer toe correction surgery?

The potential **benefits** from surgery are:

- A reduction in pain
- Improved alignment of the toe, making the toe straighter
- Footwear is more comfortable (avoid shoe rub).

An improvement in these factors may also have a positive impact on your mobility and function.

What are the risks?

There are no guarantees regarding surgery. The success rate of surgery is about 80%. However, not all patients are satisfied with the outcome and a small number of patients are worse off (e.g. increased pain, negative impact on activities). There are specific risks with this type of operation and the outcomes are not always as expected. These risks have been detailed within this document and it is important that you read over these carefully before requesting an operation.

There is a lengthy recovery following this type of operation. You will need a temporary metal wire in your toe for six weeks (sticking out from the end of your toe by about 1cm) and you will need to wear a special shoe for the same duration. You will be off work for six weeks (depending on type of work), and you will be unable to drive for at least six weeks. Lastly, it is important for you to know that toe deformities can come back, and footwear limitations will continue despite surgery.

Are there alternatives to the surgery?

Surgery is rarely essential. If you decide not to have an operation for your toe deformity, the alternatives are for you to manage your symptoms by altering your activity levels and changing footwear to extra width or special footwear. Cushioning pads are very helpful. These simple measures can help to avoid an operation. You should **avoid high heels and shoes with a narrow toe.**

Can I do nothing?

In general, surgery is **not** essential. Doing **nothing** is an option. Surgery can be done at any time and we can continue to monitor your symptoms.

Contents:

Introduction to this guide

As a patient you have the right to make choices about your own health and care. This booklet provides information on what to expect when you have hammer toe correction surgery. The information will help you to decide whether the planned treatment is the best option for you at this time. You will get the best outcomes by taking an active role in your care, by talking with your healthcare professional and planning ahead. Every individual is unique and this booklet provides general information. It is a guide, so that you can have an informed discussion with your surgical team. You, your family and friends should read this booklet carefully before surgery and refer to it during your healing process. You should consider the options available to you, including non-surgical management. Ask your surgical team to explain anything you do not understand. This will help if you are feeling a little worried.

What is a hammer/mallet toe?

A **hammer toe** is a deformity of the "knuckle" of the second, third or fourth toes causing it to bend. The knuckle often rubs on footwear and becomes uncomfortable. Sometimes this can cause abrasion to the skin and the formation of corns or even breakdown of the skin (ulcer). Occasionally the ulcer becomes infected and may need treatment with antibiotics

A **mallet toe** is a similar condition affecting the end joint of the toe. Sometimes the end of the toe or even the toe nail can come into contact with the ground and cause a painful corn or ulcer.

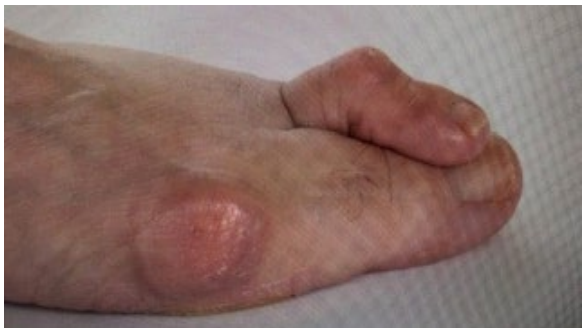
A **claw toe** is a combination of both of the above deformities and can cause problems over the knuckle of the toe and at the tip of the toe.

What causes a hammer toe?

A hammer toe often occurs because of a deformity of the big toe, namely a bunion deformity which is an abnormal angulation of the big toe (medical term is hallux valgus) and often the big toe moves over, under the second toe causing the second toe to rise up and become prominent at the knuckle. So bunions and hammer toes tend to go together. Therefore sometimes it is not possible to deal with the second toe in isolation and the big toe has to be straightened at the same time to allow correction of the 2nd toe into the gap.

Less common is an injury of a ligament under the toe (**plantar plate tear**) again causing the toe to rise up.

Photograph of a hammer toe deformity



What is the treatment for hammer/mallet toe?

1. Non-surgical treatments

You can manage your symptoms by altering activity levels, using painkillers and changing footwear to extra width or special footwear possibly with a cushion-pad or in-shoe foot support. **Avoid high heels and shoes with a narrow toe.**

Painkillers: such as paracetamol or a non-steroidal anti-inflammatory drug, such as ibuprofen (if suitable). These drugs can be bought in the chemist or the supermarket.

Pads: You can try self-care treatments for symptomatic relief, such as silicone toe pads (available over-the-counter at the pharmacy or online) to stop footwear rubbing. Insoles and toe spacers can also help, although they will not straighten out your toe or take away the bump.

Podiatry: a podiatrist can help with hammer toe symptoms and issue pads/insoles/orthoses which can improve foot posture and pain in the joint. You can self refer to a NHS podiatrist or seek care privately.

2. Surgical treatment

Hammer toe/mallet toe correction surgery is one of the most commonly performed foot and ankle procedures. It may help relieve pain and improve the alignment of the toe in most people; however, there is no guarantee that the toe will be perfectly straight or pain-free after surgery. Overall, about 80% (8 out of 10) patients will have a good outcome from toe straightening surgery.

Indications for surgery

Surgery may be needed if the above measures have been tried and failed. Some patients worry that the deformity may become worse and therefore prefer it to be corrected earlier rather than later. However, rapid progression of a hammer toe/mallet toe deformity is unusual. The decision to go ahead with surgery is usually made based on the following symptoms:

- The deformity is painful and worsening
- Difficulty obtaining suitable shoes
- The overlying skin has broken down (ulcerated) or become infected
- There is significant disruption to your lifestyle or activities

- You should be aware that there are no guarantees regarding the outcome
- Surgery is **not** carried out for cosmetic reasons and surgery is not carried out "prophylactically" (preventative surgery – to avoid problems that are not yet present).

On the day of your operation:

The operation is done on a **day case basis** where you come in to hospital and go home on the same day. The operation takes about 30 minutes, although you will be in the Day Surgery Unit for most of the day (you may want to bring a book or magazine to read- please do not bring any valuables with you).

Anaesthetic

The operation is usually a day-case procedure. It is usually carried out under a local anaesthetic (you are awake). You will receive an appointment to attend the pre-operative assessment a week or two before your operation date.

Occasionally, patients prefer to have the surgery performed under a general anaesthetic. This will be discussed with you at the pre-operative assessment clinic (PAC). You will receive more details about your anaesthetic in an information booklet "*You and your anaesthetic*" when you attend the PAC clinic. Further details can be obtained at **rcoa.ac.uk/patient-information**.

The procedure

Hammer toe surgery: The procedure involves a small cut (incision) made on the top of your toe then we remove the prominent knuckle and straighten out the angle between your toe and the long bone in your foot (metatarsal). To do this we firstly release the tight soft tissues at the base of your toe. Sometimes we have to shorten the long bone in your foot to get the toe back into joint (Weil's osteotomy). A wire is inserted down the length of your toe and will stick out from the end by about 1cm. We will apply a metal clip to the end to reduce risk of the wire catching on clothing.

The skin layers are stitched together with stitches that dissolve (clear stitches). Sometimes the knot is tied on the **outside of the skin**. This can be **trimmed flush with the skin** by the nurse at your first review appointment at 2 weeks. There is no need for the stitch material to be removed completely. Occasionally, you may need non-dissolvable stitches that need to be removed after two weeks (blue or black stitches).

The toe is covered with a dressing and a bandage and you may be given a sandal to wear to accommodate the bulky dressing.

Mallet toe surgery: is very similar to the hammer toe surgery described above but involves the end joint of the toe rather than the middle joint.

Claw toe surgery: involves both the middle joint and end joint of the toe.

Surgery can involve a single toe or many toes.

Recovery after surgery – the postoperative period

Recovery from surgery can be lengthy and it may be as much as a year, or more, before your post-operation symptoms have settled down completely. Pain and swelling is to be expected for many weeks and months after your operation.

During your recovery period, you will need to limit your normal daily, family, work and driving commitments. You will be able to look after yourself (for example going to the toilet and simple cooking). In agreeing to progress with surgery, you are expected to comply with post-operation instructions. Please follow the advice below for several weeks after your surgery:

- No household chores (cleaning, standing to cook, ironing, etc.)
- No shopping
- No dog walking
- No looking after young children or elderly relatives
- No driving (until 6-8 weeks after your surgery)
- You should take time off work for at least 6 weeks even if you have a sitting job as you must be able to raise your foot. You should also consider how you will travel to work and whether you will be standing or walking at work. If possible try to work shorter or fewer days or work from home.

You must have a competent adult at home for the first night after your surgery in case you experience any difficulties during the first night. If this is not the case you will need to stay in the hospital overnight. Your foot will be bandaged. You must use the special shoe and the crutches- these will be given to you by the hospital. At home, it is important to raise your foot when sitting and rest over the first few weeks to help the swelling and the pain to settle. You must keep your bandage dry. The bandage should not be changed until your first clinic appointment, about two weeks after your operation. You will be given instructions on the day of your operation in case you have problems.

If needed, you will be given a sick note for your employer.

You will be provided with some pain killers to take home (more information will be given regarding **post-operative instructions** on the day of your operation).

First 2 – 4 days

This is the worst time for 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 (using crutches) after the operation, but you must rest, with your feet up (above hip level), as much as possible. You will be able weight bear in the special shoe (see below) but you should restrict your walking to going to the bathroom. A physiotherapist will show you how to use your crutches. You can move about a little more after 3 days.

4 – 14 days after surgery

After about 4 days, your pain should start to improve. You may start to do a little more within pain limits. Pain means you are doing too much.

The dressing must be kept dry. You should avoid using the shower**.** However, water proof protectors are useful and are obtainable online. Examples of the type of product available can be seen at **limboproducts.co.uk**. These are not supplied by us so you will have to purchase them yourself, but they will allow you to shower after your operation. The cost is about £15 plus postage.

At two weeks after surgery

You will have an appointment to check on the progress of your recovery. This is usually carried out by the practice nurse at your GP surgery. The bandage will be removed, the wound will be cleaned and any sutures removed (if applicable). A light dressing will be applied to cover your wound. You should no longer need a bandage at this stage. You can now get your foot wet, providing the wound has healed satisfactorily. You should no longer need to use the crutches but you will need to continue to wear the special shoes for a further **4 weeks**. You can gradually increase your level of activity gently. You will still need to rest between your activities.

Between 2 – 6 weeks after surgery

- The wound should be healing
- Your foot will still be quite swollen, especially at the end of the day and this is quite normal at this stage
- Your foot will still be quite painful, particularly around the joint and movement will be uncomfortable. Again this is quite normal
- Some redness is to be expected at this stage. Sometimes the colouration comes and goes (for example, it may appear more red after a shower)
- You will need a review appointment at 6 weeks which is normally at the Royal Infirmary of Edinburgh (RIE). We may take an x-ray
- You can stop wearing your special shoe at six weeks after the surgery
- **Work** - You may return to work **after** 6 weeks but may need longer if you have an active job. For certain jobs, this could be an unrealistic expectation
- **Driving** – Allow six weeks before returning to driving and check with your insurance company
- **Sports** - Whilst normal activity will be resumed, sport should be avoided until 12 weeks after surgery.

Please note
When you attend for your 6 week review appointment following your surgery:

- You will still have pain in the joint
- The joint will still be stiff
- You will still have some swelling in your foot
- You will still have some redness
- You will still be putting your weight onto the outside of your foot.

These features are all entirely normal, at this stage, and are to be expected.

Between 6 – 12 weeks after surgery

Your foot should continue to improve and begin to feel normal again. There will be less swelling. You may return to driving if you can perform an emergency stop. You must check with your insurance company before driving again. Sport can be considered after 3 months depending on your recovery.

Six to twelve months after surgery

The swelling should now be slight and you should be getting the full benefit of surgery. If you are still having pain at this stage it may be that there is a delay in the bone uniting (non-union).

Twelve months after surgery

It can take as long as twelve months for post-operative pain, swelling and stiffness to settle completely. The foot has stopped improving, healing is complete.

Please note: if a complication arises, such as infection, your recovery may be delayed.

It is expected that, in consenting to proceed with this operation, you agree to comply with the above post-operative instructions.

It is important to be aware that it can take **many months** for you to recover fully from your operation. Post-operative pain and swelling can persist for 6 months or longer after surgery. This may have no adverse consequences for day-to-day activities, but can affect your ability to wear tight shoes, **heels** or fashionable women's shoes.

If you have any concerns following your operation, and you would like to speak to a member of our team, please contact **01506 522 105** (during business hours). In an emergency contact your GP, NHS 24 (dial 111) or attend your nearest Accident and Emergency.

Example of special shoe - to be worn for six weeks after surgery

Risks of toe straightening surgery

Complications happen with any operation and toe straightening surgery is no exception.

Complications after toe straightening surgery may include infection, joint stiffness, transfer pain (pain under the ball of the foot), damage to the nerves, and continued long-term pain.

The following list of risks is intended to give you as much information as possible. This will help you to make an informed decision as to whether you wish to go ahead with surgery or not. Please take a few minutes to read over the following list of potential complications. You may also find it helpful to discuss these with friends and family. If there are any items that you are not clear about, or that you don't understand, please discuss these with staff when you attend for your **Pre-Assessment Clinic.**

Some risks are more likely to occur than others. We have tried to give you an indication as to the likelihood of each complication listed, namely: those that are likely to happen, those that happen from time to time, happen only very occasionally, and those that are unlikely and very unlikely to happen. The risk of complications following your surgery is increased with pre-existing medical conditions such as: diabetes, peripheral vascular disease, if you are immuno-compromised, if you take immune-suppression medication (e.g. steroids or rheumatoid medication), and if you are a smoker.

Likely to happen

Post-operative pain, swelling, bleeding, and bruising

These are to be expected. Pain is the worst over the first 24 – 48 hours. We will give you painkillers to help with your pain but you must rest and keep your leg elevated and do minimal walking, especially for the first few days. Bleeding can happen, usually in the first day or two and bruising is common. We will give you more information regarding these aspects on the day of your surgery.

Post-operative pain and swelling can persist for some months after your operation. It may be as much as one year, or more, before you fully recover from your operation.

Can happen from time to time

Infection

Infection is a risk with any surgical procedure and this does happen from time to time with toe straightening surgery. The risk of wound infection is about 7%. However, although the risk may be relatively low, when it does occur infection can be extremely serious and the risk of infection should not be taken lightly.

If your wound becomes infected we may prescribe you antibiotics but unfortunately, from time to time, infection can be more invasive and, on occasions, it spreads to the deeper tissues and even bones or joints can become infected (osteomyelitis/septic arthritis). This is much more difficult to treat and may need "stronger" antibiotics for a longer period and sometimes a stay in hospital is needed, often for **intravenous antibiotics** (where the antibiotics are given through a thin plastic tube which is injected into your vein).

Potentially, deep or spreading infection can be **limb or even life threatening** and further surgery may be essential on a **non-elective** basis and this might involve the removal of the infected bone/tissue, which may have long term consequences.

Numbness

Sometimes the nerves to your toe become damaged during the operation. This may leave you with some numbness in your toe which should eventually recover. However nerves repair very slowly and it may take some time for the sensation to return to normal. If the nerves fail to recover fully, you may be left with some permanent numbness in your toe. Infrequently, the skin or scar may become hypersensitive and tender.

Residual pain
It is possible that you may continue to be troubled with pain in your joint despite the operation. Rarely patients may have increased pain following their operation.

Recurrent deformity
Unfortunately, despite our best efforts, toe deformity can recur after surgery. Some people are more likely to have this (for example, people with **excessively mobile joints** and people with **flat feet**). Further surgery may be needed.

Over or under correction of toe deformity
Sometimes the toe deformity can be under corrected. This is more likely with a severe deformity where it can be difficult to achieve full correction. Over correction may also happen. This may present you with difficulty with shoe fitting and further surgery may be needed.

Happens only very occasionally

Transfer metatarsalgia (pain in ball of foot)
Toe correction surgery may upset the balance of pressure in the front of your foot. This may lead to overloading on the ball of your foot, which may be painful and may also lead to thickening of the skin (corns/callous).

Problems with metal wire
The metal wire used to fix your toe will extend from the end of your toe by about 1cm. Sometimes these can back out, become loose, or become infected and we have to remove them early. On rare occasions the metal wire can break and if this happens the wire may have to remain in your foot permanently. This is unlikely to cause you any problems but sometimes further surgery is needed. It is important that you wear the sandal with the stiff sole for as long as the wire is in place.

Need for further surgery
Sometimes further surgery is needed (for example: infection, recurrent deformity or residual pain).

Tender (hypersensitive) scar
Scars can become tender or hypersensitive. If this happens, hopefully it is only temporary and will eventually improve with time. Usually, simple measures can help improve this such as massaging the scar. Only very rarely does this become a lasting problem.

Hypertrophic scarring or keloid scarring
Very occasionally, the scar tissue produced is excessive. This may lead to a reddened and unsightly scar but is not likely to give you any pain. Some people are more likely to develop this problem than others.

Fracture
After your toe correction surgery, your bone is weakened for the first few weeks. You need to protect your foot with the special (trauma sandal) shoe supplied to you. You will need to wear this at all times when weight bearing for at least six weeks.

Complex regional pain syndrome
Complex regional pain syndrome (CRPS) is caused by damage to, or malfunction of, the nerves, usually after an injury or surgery. CRPS is characterised by prolonged or excessive pain and mild or dramatic changes in skin colour, temperature, and/or swelling in the affected area. There is no cure for CRPS and symptoms can be disabling and long lasting.

Unlikely to happen

Non/mal union (Bones not healing or healing in a bad position)

It is possible that the bones which have been “broken” are slow to heal afterwards. It is also possible that the bones do not heal at all. People who smoke are at greater risk of this complication. People with thin bones (osteoporosis) are also at increased risk. Sometimes the bones heal in a bad position and this may lead to problems.

Avascular necrosis

Avascular necrosis is the bone dying and crumbling after injury to the blood supply. We rarely see this happen but it is a potential risk.

Deep Vein Thrombosis (DVT)/Pulmonary Embolism (PE)

A deep vein thrombosis is a blood clot in your leg. If this happens it can be very serious and can be life threatening if the clot moves to your lungs (**pulmonary embolism**). However, it is very unlikely to occur with this procedure and measures will be taken to guard against this happening. If you are at higher risk from DVT, additional measures such as blood thinning medication will be given to you after your operation.

(A further Patient Information Leaflet is available which explains DVTs in more detail).

Very unlikely to happen

Amputation

Severe infection or other complications of surgery may lead to loss of toe(s) or foot or leg. The risk of amputation as a result of your operation is increased with pre-existing medical conditions such as: diabetes, peripheral vascular disease, if you are immuno-compromised, if you take immune-suppression medication (e.g. steroids or rheumatoid medication), and if you are a smoker.

Death

Death may arise as a result of complications of your operation or anaesthetic (such as: blood clots or severe infection). The risk of death as a result of your operation is increased with pre-existing medical conditions such as: heart disease, lung disease, and kidney disease.

Patient dissatisfaction

Lastly, there are no guarantees regarding the outcome of hammer toe correction surgery. We will do our utmost to improve your situation, but you should be aware that there is a risk that you may not be satisfied with the outcome of your surgery. Although a success rate of 80% might sound encouraging, it does mean that 1 in 5 patients are not better off or may even be worse off following this type of surgery. **Not everyone is satisfied with the outcome of toe straightening surgery.**

COVID-19

There is good evidence that tells us that there is a greater risk of complications after surgery if you have experienced symptoms of COVID-19. You will be given information about this when you attend the pre-assessment clinic.

The above list has tried to include most complications that potentially may arise as a result of this surgery- however, it is impossible for us to cover all eventualities.

Additional operations which may be carried out at the same time:

☐ Morton's neuroma surgery

Hammer toes sometimes occur with irritation to the nerves in the foot and this can give rise to a swelling on the nerve called a **neuroma.** Surgery to remove the neuroma is done at the same time as your toe operation. This will involve another cut on the top of your foot. The risks of this operation are covered above in section 7 (risks of surgery), but you should additionally expect to have permanent numbness in your toes. Surgery to remove a neuroma is not always successful and your pain may not be better afterwards (38% risk), you may have worse foot pain (8%) and neuromas may grow back (20-25% risk).

☐ Weil's osteotomy

Hammer toes can give rise to pain, hard skin or corns which commonly occur under the knuckle joints in the ball of your foot. This is because the bunion causes pressure under the knuckle. It is often necessary to tackle this with a **Weil's osteotomy**. A Weil's osteotomy involves a cut in the long bones in the front part of your foot (metatarsal) and the bone is realigned (shortened and lifted up) to reduce the pressure. The divided bone is then fixed with a small screw that will remain in your foot afterwards. This may be necessary on one or more of the metatarsal bones. The risks of this operation are covered above (in risks of surgery). One common risk of this operation is stiffness in the knuckle joint. Sometimes if only one metatarsal is shortened it may lead to pressure on the other metatarsal bones and, in turn, these may need similar operations.

Your toe operation may be accompanied with one or more of the above operations, or another operation, which will be discussed with you before your surgery. Multiple operations may lead to a longer recovery time than detailed above.

Consent - asking for your consent

We want to involve you in decisions about your care and treatment. If you decide to request an operation, you will be asked to sign a consent form. This states that you agree to have the treatment and you understand what it involves. If you would like more information about our consent process, please ask for the "*Giving consent information booklet*".

Operating podiatrist/trainees

Your operation may be carried out by a **Podiatrist**. Podiatrists are **not** registered medical practitioners (medical doctors). The podiatrist is fully capable of performing this procedure to the highest standards and you will receive the same care as provided by a surgeon.

Surgeons/Podiatrists/Trainees

Another surgeon other than the surgeon taking consent may perform the operation. This may be an orthopaedic surgeon or a consultant podiatrist.

Part or all of your operation may be performed by a trainee under supervision. The trainee may be an orthopaedic trainee or a podiatrist trainee. They will have adequate training and supervision.

Frequently asked questions

When will my operation take place?
Unfortunately because of the coronavirus COVID 19 pandemic, it is very difficult to say with any certainty when your operation will take place. It may be as much as six months- however it may be longer if further restrictions are needed. We will endeavour to do your operation as soon as possible.

Where will my operation take place?
Your operation will take place in the Day Surgery Unit (DSU) at St John's Hospital in Livingston.

What is the recovery time?
Recovery following toe straightening surgery can be lengthy and you need to be prepared for this. You must wear a special shoe for six weeks following your operation. However pain, swelling and reduced function are to be expected for many weeks and months after your operation. It can take up to one year or more before your post-operative symptoms have settled completely.

Will I have a general anaesthetic or a local anaesthetic?
Your operation will be done under a local anaesthetic depending on your preference. We will discuss this with you before the day of your operation. If you are having a general anaesthetic, you will need to fast for six hours before your operation.

How long will my operation take?
Typically your operation will take about 30 minutes. It will take longer if combined with other operations.

Will I be given a plaster cast or special shoe to walk in?
You will be given a special "trauma sandal" immediately following your operation and you must wear this at all times while you are weight bearing for the next six weeks. You can take it off in bed and to shower. There is no need for a plaster cast.

Will I need crutches?
Crutches are not essential following this operation but depending on circumstances, you may benefit from being issued with crutches. If this is the case, on the day of your operation, you will see the physiotherapist who will teach you how to walk in the special shoes with the crutches. This will involve walking up and down stairs with the crutches.

How long will I be off work?
You will need to be off work for about six weeks depending on the type of work you do. You will be off for longer if you do a manual job or spend a lot of time on your feet at work, and you will be off for less for more sedentary work or if you are able to work from home. Depending on circumstances, your employer may **not** allow you to return to work wearing the special shoe for health and safety reasons.

Will I receive a "sick note"?
If needed, a "sick note" (or "fit note") will be issued on the day of your operation.

When can I drive?

You cannot drive for at least six weeks and you cannot drive with the special shoe on. You have to be safe to drive and you have to take responsibility for this. You have to be able to do an **emergency stop**. You should contact your motor insurance company to inform them you have had an operation before you start driving again.

If your left foot is being operated on and you have an automatic car, you should be able to drive quite soon after your operation- you should check this with your insurance company.

When can I fly after my operation?

There is a slightly increased risk of blood clots when flying soon after your operation. It is sensible to allow about six weeks before flying. However, if your flight is short (an hour or two), it should be safe to fly. Try to keep mobile during your flight, wear TED (Thrombo-Embolus Deterrent) stockings and be wary of pain and swelling in your calves. Seek medical attention if you are concerned. If you are going abroad, bear in mind that you may need medical attention as a result of your operation and this may be more difficult to access in a foreign country. You should inform your travel insurer that you have had an operation before travelling abroad.

Does smoking affect my surgery?

If you smoke, you should stop as soon as possible but at least two weeks before surgery and at least until your bone heals. Nicotine and other chemicals in cigarettes, e-cigarettes, chewing tobacco and marijuana narrow blood vessels in the foot and increase the risks of surgery- particularly the risk of **wound problems** and it has an impact on **bone healing** which is relevant to your operation. The risk of **blood clots** (DVT and pulmonary embolism) is also increased. We can help direct you to the *smoking cessation service* if you would like some help.

Will metal be used in the operation?

The bone will be fixed with a metal wire (K wire). Sometimes the wires become troublesome (loose, prominent or infected) and have to be removed earlier than planned.

Will I have a scar?

The scar will be on the top of your toe/foot. Eventually this will fade and will not be very noticeable. Very occasionally, some people produce excessive scar tissue (hypertrophic scarring) and this may give problems.

Where will my dressings be done?

Dressings will either be changed at the Royal Infirmary OPD6, at Lauriston building (details will be confirmed by letter the week following your operation), or by your GP practice nurse after about 10 – 12 days. If you are having your dressings changed at your GP practice, you will need to arrange this.

Can I shower after my operation?

The dressing must be kept dry. You should avoid showers until the dressing is removed**.** However water proof protectors are useful and are obtainable online. Examples of the type of product available can be seen at **limboproducts.co.uk**. These are not supplied by us, you have to obtain them yourself, but they will allow you to shower after your operation.

Will we meet again before my operation?

Yes, you will be seen in the **Pre-assessment Clinic** at **St John's Hospital, Livingston** about two weeks before your operation date. During this visit, you will be seen by a nurse who will assess your health and suitability for an anaesthetic, your planned operation will be discussed again and you will be asked to provide consent.

When can I go out after my operation?
We advise that you remain at home for the first week or so after your operation. You should do minimal walking for the first two or three days and limit your walking to trips to the bathroom only.

Why do I have to keep my leg elevated after surgery?
Keeping your leg elevated reduces swelling, pain and risk of infection. It also reduces the risk of bleeding immediately after your surgery. Keep your foot on a small stool with your foot above your knee and your knee above your hip.

Will my operation be carried out by an orthopaedic surgeon or a podiatrist?
Your operation may be carried out by either an **orthopaedic surgeon** or a **podiatrist**. The Foot & Ankle service at Royal Infirmary of Edinburgh and St John's Hospital employs podiatrists to undertake forefoot surgery. Podiatrists, unlike surgeons, do not have a "medical qualification" and so are not "doctors" but the podiatrists in this service have been trained to carry out a specific range of foot operations to the same standard as the orthopaedic surgeons. If you would prefer to have your operation carried out by an orthopaedic surgeon rather than a podiatrist you should let us know in advance of your operation.

Can I have both feet done at the same time?
If you have both feet operated on at the same time you will be greatly incapacitated following your surgery, pain is greater, you do not have a good leg to rely on, and you may damage the recovering toes.

I am a runner; will I be able to run after my operation?
If you are a runner, it is possible that this operation may have a negative impact on your ability to run afterwards. Whilst we would hope that you will be able to get back to a modest level of running, there would be no guarantees regarding this and you should consider this factor carefully in making your final decision to go ahead with surgery or not. The same applies to other sporting activities.

Key facts
Whilst most patients benefit from toe straightening surgery you should be aware of the following:

- Surgery is not essential
- Toe deformities can come back
- Footwear limitations may continue despite surgery
- It will be 3 months before you return to usual activities
- You will need a special shoe for six weeks
- You will be off work for at least six weeks (depending on your job)
- There are risks involved and outcomes are **not** always as expected
- You may be disappointed with the final result.

Further information

Further information is available on the internet in various websites. The following websites are recommended as reliable sources of information:

British orthopaedic Foot & Ankle Society (BOFAS) Website

www.bofas.org.uk/Patient/home

Blackburn Hyperbook

www.blackburnfeet.org.uk/hyperbook/

My notes/questions to discuss: