

Removal of a toe

Information for patients

What are the benefits of removal of a toe?

The reasons for performing surgery to remove a toe vary but the potential **benefits** from surgery include:

- A reduction in pain caused by deformity
- Avoidance of repeated skin breakdown/infection
- Getting rid of infection that has developed in the bone (osteomyelitis)
- Easier shoe fitting.

An improvement in these factors may also have a positive impact on your mobility and allow you to return to activities.

What are the risks?

Most people benefit from this procedure but there are no guarantees regarding the outcome of surgery. There are specific **risks** with this type of operation and the outcomes are not always as expected. These **risks** or complications have been detailed within this booklet and it is important that you read over these carefully before requesting an operation.

Are there alternatives to the surgery?

1. Deformity

If your toe is deformed, 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**.

2. Infection

Removal of a toe is sometimes recommended especially if the reason for carrying out your surgery is infection. If you decide not to have an operation, it may be possible to manage your symptoms, potentially with long term antibiotics and continue to take advice from health professionals.

Can I do nothing?

1. Deformity

In general, deformity of a toe is not a life or limb threatening condition and surgery is **not** essential. Surgery can be done at anytime and we can continue to monitor your symptoms. If your situation was to worsen you can always contact us to arrange a further discussion.

2. Infection

Infection can be serious; it can spread and potentially become a threat to your health. If the condition of your toe has deteriorated, it may be dangerous not to proceed with removal of your toe. This will very much depend on individual circumstances.

Introduction

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 removal of a toe 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.

Overview

There are a number of reasons why removal of a toe surgery is needed. Mostly it is due to deformity of the toe particularly when the big toe has deviated significantly, as in the photograph (below). Sometimes surgical correction (straightening) of the toe(s) is not feasible. Sometimes, with severe deformity of the toe, the simplest option is to remove it. This allows for an early recovery after surgery, unlike surgical correction where the recovery from surgery can be quite long.

Photograph of a bunion with overlapping second toe



If your toe is troubled with recurring breakdown of the skin and/or infection then surgical removal of the toe may be recommended. If there is infection in the bone or joint, it can be difficult to treat with antibiotics. In such instances we will discuss the possibility of removing the toe with you.

The procedure

With removal of a toe surgery, incision is made at the base of the toe and the toe is removed. Sometimes the toe is removed completely; sometimes it is possible to remove only part of the toe. Then, the skin incision is stitched closed. The toe is covered with a dressing and a bandage and you will be given a sandal to wear home.

Anaesthetic

The operation is usually a day-case procedure. It is usually carried out under a local anaesthetic (you are awake, but your toe is completely numb). You will receive an appointment to attend the preoperative assessment clinic a week or two before your operation date. Occasionally, patients prefer to have the surgery performed under a general anaesthetic. This is sometimes more suitable for younger patients. This will be discussed with you at the pre-operative assessment clinic. You will receive more details about your anaesthetic in an information booklet "**You and your anaesthetic**" when you attend the preoperative assessment clinic. Further details can be obtained at <https://rcoa.ac.uk/patient-information>.

Post-operative care

After your procedure, you will need to keep your foot elevated for a few days (foot above your knee, knee above your hip). Often resting your foot on a small stool is the easiest way. You will need to make an appointment with your GP practice nurse for about 10 days after your operation. They will remove the bandage and any stitches and a light dressing will be applied. It is common, however, to need light dressings for a week or two after this until the wound has completely healed. You should not drive or get the bandage wet until the dressings are removed. **Limbo** water proof protectors are useful and are obtainable online at limboproducts.co.uk or by telephone on: 01243 573 417. These are not supplied by us, you have to obtain them yourself, but they will allow you to shower after your operation. The cost is about £10 plus postage.

You will be provided with some pain killers to take home (you will be given more information about **post-operative instructions** on the day of your operation). You will be given a 'sick note' for work, if needed.

After this 10-14 day recovery period, you will usually be able to walk and gradually return to your usual activities. You should find that your wound has healed after about 10 days, the scab will fall off and a scar will form. In most instances we will not need to see you after your procedure but you can always get in touch with us if you have any concerns or queries. Often this can be done by a telephone or video call. Sometimes we may need to see you in an outpatient clinic.

Sometimes it can be helpful to have a spacer moulded between your toes. This can help to prevent further drift of your big toe. This will be done during an outpatient follow-up appointment once your wound has healed.

Photograph: removal of 2nd toe post-operatively and with spacer between toes



Risks of removal of a toe surgery

With any operation there is a small risk of a complication, such as those listed below which will be discussed at your preoperative assessment clinic visit. We will discuss these again on the day of your surgery. Although they sound frightening, the overall risk of any of these complications is very low.

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 **Preoperative 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 immunocompromised, 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.

Deformity of other toes

One of the main complications of removing a toe is deformity of the remaining toes. It is often the case that the remaining toes drift into the gap that has been left by removing a toe. This can lead to further deformity and potentially further problems with the remaining toes and possibly the need for further surgery. This is particularly true when a second toe is removed as result of an abnormal angulation deformity of the big toe (where the big toe is at an unusual angle). In this case, it is possible that the angulation of the big toe is made worse. This can be prevented, to a certain extent, by moulding a plastic toe spacer between the toes to fill the gap. However, there is no guarantee that even with a moulded spacer that this will prevent further deformity.

Happen from time to time

Infection

Infection is a risk with any surgical procedure. The risk of wound infection is about 1-5%. 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 require "stronger" antibiotics for a longer period and sometimes a stay in hospital is required, 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.

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 gently rubbing some hand cream onto the tender area on a daily basis. 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.

Residual pain

It is possible, but not very likely, that you may continue to be troubled with pain in your foot despite the removal of your toe. Sometimes tenderness develops in the ball of your foot.

Persistent swelling

The foot can be quite swollen after surgery. Once swelling in the foot is established, it can take a very long time, many weeks or even months, for the swelling to disappear completely. Sometimes swelling does not recover completely.

Unlikely to happen

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. Most cases are mild and individuals recover gradually with time.

Very unlikely to happen

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 may be given to you after your operation. (*A further Patient Information Leaflet is available which explains DVTs in more detail*).

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

Consent - asking for your consent

We want to involve you in decisions about your care and treatment. If you decide to go ahead, 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*". We will also ask you to sign a form which says you have read and understood the information provided to you.

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 same 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 current 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 required. 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?

You must wear a special shoe for the first two weeks following your operation- this will be given to you by the hospital. After 2 weeks, you should be able to walk and gradually return to your normal activities.

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 be required to fast for six hours before your operation.

How long will my operation take?

Typically your operation will take about 30 minutes.

Will I be given a plaster cast or special shoe to walk in?

You will be given a special "flat trauma sandal" immediately following your operation. You can take it off in bed and to shower. There is no need for a plaster cast.

Will I need crutches?

You will not normally need crutches following this type of surgery. However, a decision will be taken on the day of your operation and you may need to see a physiotherapist depending on your circumstances.

How long will I be off work?

You will be off work for about **10 days** depending on the type of work you do- longer if you do a manual job or spend a lot of time on your feet at work, less for more sedentary work or if you are able to work from home. (Depending on your 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 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 but 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 require 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**. 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.

Where will my dressings be done?

Your dressings will be changed at your **GP Practice Nurse clinic**. You will need to arrange this for 10-12 days after your surgery (to be confirmed on the day of your operation).

Can I shower after my operation?

The dressing must be kept dry. You should avoid showers until the dressing is removed. However **LimbO** water proof protectors are useful and are obtainable online at limboproducts.co.uk or by telephone on: 01243 573 417. These are not supplied by us, you have to obtain them yourself, but they will allow you to shower after your operation.

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 the 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.

Will we meet again before my operation?

Yes, you will be seen in the **Preoperative Assessment Clinic** at **St John's Hospital in Livingston** about two weeks before your operation date (this will not always be necessary if you decide not to have a general anaesthetic for your surgery). 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.