

Hallux rigidus (Arthritis of the big toe joint) surgery

Information for patients

This leaflet can be made available in other formats including large print, CD and Braille and in languages other than English, upon request.

This leaflet tells you about surgery to treat arthritis of the big toe joint (also known as hallux rigidus).

What is arthritis of the big toe joint?

Arthritis of the big toe joint is a condition which affects your big toe. As a result your big toe becomes stiff and painful. This can lead to a bony lump on the top of your joint which can cause difficulties with shoe fitting.

What are the benefits of surgery?

These include:

- removing the bony lump from your big toe
- reducing painful movement in your big toe joint

What does it involve?

Your operation will be performed as day case surgery. This means you will be able to go home the same day. However **you must** have a responsible adult to take you home and stay with you for the first 48 hours.

Your operation will be carried out under local anaesthetic. Injections are given around your ankle or behind your knee to numb the skin and deeper nerves. You will be awake during the operation but will not be able to see your operation or feel any pain.

The operation takes about 1 hour, although you should expect to be in the clinic for around 3 hours. This is to allow time before your operation to give you your local anaesthetic and time after your operation, to allow you to rest and recover before going home.

During your operation an incision (cut) is made to the side of your big toe joint down to the bone. Cuts are then made in the bone to remove the worn out joint and any extra bony lumps that have developed. Small screws or wires may be used to make sure your bones heal in the correct position. You will not normally notice these screws or wires and they do not usually need to be removed. The incision is closed using sutures (stitches) and covered with a large dressing for 2 weeks.

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What happens after my operation?

You will be taken to the recovery area. Your foot may be put in a cast and you will be given a special shoe to wear and shown how to use crutches. The painkillers you have been given should help if taken regularly. You should always follow the instructions provided in the leaflet supplied with your tablets. You will be given a leaflet, 'Foot surgery – Discharge advice', giving advice on how to look after yourself and your foot. You will then be able to go home.

What are the risks and possible complications?

There are risks you need to consider before you agree to the procedure.

You should be aware that all of these complications are rare. Complications can usually be treated and need not result in you having permanent disability or pain.

These can include:

- **your bone may not fuse together (join together).** The cut ends of the bone may not heal together as they should and your foot may take longer to heal or you may need to have another operation
- **loosening or movement of the screws or wires that have been put in to hold the bone in your foot.** Normally these are left in place, however you may get irritation or pain meaning the screws or wires have to be removed once the bone has healed. This can happen to 1 patient in every 60¹
- **pain under the ball of your foot.** This is due to a slight change in the way you walk after your operation
- **a stiff big toe joint.** This may stop you wearing certain types of shoes, such as high-heels and make activities or sports involving squatting more difficult
- **slightly elevated (raised) big toe**
- **a floppy toe**
- **a shorter toe**
- **continued pain in the big toe joint**
- **deep vein thrombosis –DVT (blood clots in the leg veins) or pulmonary embolism – PE (blood clots in the lungs).**

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All adult patients will have their risk of developing a blood clot assessed at their pre-assessment visit. The healthcare professional who carried out the risk assessment will discuss your risk factors with you and advise on treatment to reduce your risk.

You will be given information, 'Your personal advice for the prevention of venous thromboembolism (blood clots)' advising you on how to reduce your risk of developing a blood clot.

- **infection of your skin.** This can happen to 1 patient in every 83¹. Infection of your skin can be easily treated with antibiotics
- **infection of your bone.** This is rare and can happen to about 1 patient in every 2,000¹. This is a more serious complication; you may need another operation to remove the infected bone, a stay in hospital and long courses of antibiotics
- **delayed healing of the skin or bone in your foot.** Although you will be told how long your foot should take to heal, delays in healing of the skin and bone can occur. The information on healing times is given to you as a guide only and you should allow for this when planning your recovery
- **prolonged swelling in your foot.** Swelling is always present after surgery as it is part of the normal healing process. Swelling lasting longer than expected has been found to occur in about 1 patient in every 500 operations
- **haematoma.** This is a painful collection of blood within your foot at the operation site. This occurs very rarely and generally settles without any problems
- **thick or sensitive scarring of the incision**
- **problems with local anaesthetic.** A reaction to the local anaesthetic used to numb your foot is rare and can happen to less than 1 patient in every 10,000¹
- **nerve damage.** This is usually temporary but can be permanent. Great care is taken to avoid damage to the nerves in your foot during the local anaesthetic and your operation
- **more pain after surgery.** The majority of patients who have foot surgery have less pain after their operation. However, you may have no improvement in your symptoms or more pain after surgery

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- **avascular necrosis.** This is a very rare complication. It is where part of the bone in your foot loses its blood supply. Your bone may then become weaker, change shape and become damaged resulting in problems such as arthritis in the joint
- **chronic Regional Pain Syndrome.** This is a very rare condition where pain develops in foot after your operation and does not settle down. If this happens you would need to see a pain specialist.

How long will it take to get my foot back to normal after my operation?

You may need to wear a removable 'walking cast' on your foot for around 6 weeks after the operation. This will depend on the type of operation you have had.

Between 4-6 weeks after your operation, your foot will begin to return to normal and you may be able to wear your shoes again. Trainers or flat, loose fitting lace up shoes are the type you should wear. Your foot will still be quite swollen, especially at the end of the day.

After 6 weeks you may need an x-ray of your foot to see how the bones are healing. Your healthcare professional will advise you if this is needed.

At 6-12 weeks you may return to driving if you can perform an emergency stop. **You must** check with your insurance company before driving again. Your healthcare professional will also advise you when you can drive again.

After 6 weeks you may return to work. This will depend on the type of operation you have had. If you have an active job you may need a longer time off to recover. Your healthcare professional will advise you when you can return to work.

You should avoid taking part in sport until you are advised by your healthcare professional.

6 months after your operation you will be given an appointment for a final review of your foot. You should now only have slight swelling in your foot and you should be getting the full benefit of your operation.

12 months after your operation your foot should be completely healed.

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What other treatments are available?

Other treatments can include:

- Changing your style of shoe
- wearing insoles inside your shoe to correct the position of your foot
- steroid injections into your big toe joint. These can help to reduce swelling and inflammation. You can have up to 3 steroid injections in a 12 month period
- no treatment. With time your big toe joint may fuse naturally, reducing the pain when you walk.

Contact numbers

If you need advice or have any problems. Please contact the Podiatric Surgery Team

North Tees and Hartlepool NHS Foundation Trust

Podiatric Surgery Team

One Life Hartlepool

Park Road

Hartlepool

TS24 7PQ

Central booking office :01429 522471

Monday – Friday, 8:30am – 4:30pm

Reference

1. Kilmartin TE (2006). Critical Review: The Surgical Management of Hallux Valgus. British Journal of Podiatry, Vol 9, no.1, pages 4-24.

Information used in the development of this leaflet

Coughlin MJ, Shurnas PS (2003). Hallux Rigidus - Grading and Long Term Results of Operative Treatment. Journal of Bone and Joint Surgery, Vol.85, pages 2072-2088.

Shereff MJ, Baumhauer JF (1998). Current Concepts Review - Hallux Rigidus and Osteoarthritis of the First Metatarsal Joint. Journal of Bone and Joint Surgery, Vol.80, pages 898-908.

Webb BS, Amiot R, Wilson S, Nute M, Coughlin MJ, Shurnas PS (2005). Hallux Rigidus – Grading and Long-Term Results of Operative Treatment. Journal of Bone and Joint Surgery, Vol.87, pages 462-463.

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Yu GV, Shook JE. Arthrodesis of the First Metatarsalphalangeal Joint. In: McGlamry ED, Banks AS, Downey MS, Miller S, Martin D eds. (2001). Textbook of Foot and Ankle Surgery. Baltimore: Williams and Wilkins. Pages 581-608.

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This leaflet has been produced in partnership with patients and carers. All patient leaflets are regularly reviewed, and any suggestions you have as to how it may be improved are extremely valuable. Please write to the Quality Assurance Team, University Hospital of North Tees or email: patientinformation@nth.nhs.uk

Comments, Concerns, Compliments or Complaints

We are continually trying to improve the services we provide.

We want to know what we're doing well or if there's anything which we can improve, that's why the Patient Experience Team is here to help.

Our Patient Experience Team is here to try to resolve your concerns as quickly as possible. If you would like to contact or request a copy of our PET leaflet, please contact:

telephone: 01642 624719
Monday – Friday, 9.00 am – 4.00 pm
Messages can be left on the answering machine and will be picked up throughout the day.

freephone: 0800 092 0084
Mobile: (can use text): 0779 506 1883
Email: patientexperience@nth.nhs.uk

Out of hours if you wish to speak to a senior member of Trust staff, please contact the hospital switchboard who will bleep the appropriate person.

telephone: 01642 617617
24 hours a day, 7 days a week

The Patient Experience Team is available to discuss your concerns in person Monday – Friday, 1.30 pm – 4.30 pm. The office is based on the ground floor at the University Hospital of North Tees.

Data Protection and use of patient information

The Trust has developed a Data Protection Policy in accordance with the Data Protection Act 1988 and the Freedom of Information Act 2000. All of our staff respect this policy and confidentiality is adhered to at all times. If you require further information please contact the Information Governance Team.

telephone: 01642 833551 or email: information.governance@nth.nhs.uk

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