

# Hammer toe surgery (arthroplasty/arthrodesis)

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## 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.

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This leaflet tells you about surgery to straighten your hammer toe.

## What is a hammer toe?

Hammer toes occur when any of the small toes of your foot become bent and prominent (stick up). The 4 small toes of your foot are each made up of 3 bones with joints in between them. Normally these bones and joints are straight. A hammer or claw toe occurs when your toe becomes bent at the first or second joint. Sometimes a bursa (like a deep blister) is formed over your joint and this can become inflamed. Callus (hard skin) or corns can also form over your joints or the end of your toe.

## What are the benefits of hammer toe surgery?

These include:

- removing the bony bump from your toe
- your toe will be straighter
- your foot may be more comfortable in your shoes

## What does it involve?

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

Your operation will be carried out under local anaesthetic. Injections are given at the bottom of your toes 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 30 minutes, 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.

The most common operations are:

- Digital arthroplasty. An arthroplasty removes half of your joint and leaves some movement in your toe

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- Digital arthrodesis. An arthrodesis removes all of your joint to straighten your toe. A wire keeps your toe straight until your toe straight until your bone has healed, then it is removed. Your toe will now be rigid.

### What happens after my operation?

You will be taken to the recovery area, given a special shoe to wear and shown how to use your 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 operation.

You should be aware complications are rare, can usually be treated and may not result in you having any permanent disability or pain.

These can include:

- **recurrence of your hammer toe**
- **swelling of your toe.** Swelling is always present after surgery as it is part of the normal healing process. This may last longer than expected or become permanent.
- **a floating toe.** This is where your toe may not sit on the ground.
- **Deep vein thrombosis – DVT (blood clots in the leg veins) or pulmonary embolism – PE (blood clots in the lungs).**

All adult patients will have their risk of developing a blood clot assessed at their pre-assessment visit. The healthcare professional who carries 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 83.<sup>1</sup> Infection of your skin can be easily treated with antibiotics

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- **infection of your bone.** This is rare and can happen to about 1 patient in every 2,000. 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
- **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 incision**
- **a stiff or floppy toe**
- **continued pain in your toe**
- **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 10,000<sup>2</sup>
- **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.** This 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
- **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 your foot after your operation and does not settle down. If this happens you would need to see a pain specialist.

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

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

Between 4-6 weeks you can return to work but 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.

### What other treatments are available?

Other treatments can include:

- changing your style of shoe
- wearing padding and toe devices to protect any painful areas on your toes
- no treatment

### 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 7PW  
Central booking office: 01429 522471  
Monday – Friday, 8.30am – 4:30pm

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## Further information is available from:

The Society of Chiropractors and Podiatrists  
1 Fellmonger's Path  
Tower Bridge Road  
London  
SE1 3LY  
telephone: 020 7234 8620  
Or via the website at [www.feetforlife.org](http://www.feetforlife.org)

## NHS Choices

telephone:111 (when it is less urgent than 999)  
Calls to this number are free from landlines and mobile phones  
or via the website at [www.nhs.uk](http://www.nhs.uk)

## References

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

## Information used in the development of this leaflet

Coughlin MJ, Dorris J, Polk E (2000). Operative Repair of the Fixed Hammer Toe Deformity. Foot Ankle International, Vol. 21, No.2, pages 94 – 104.

Femino JE, Mueller K (2001). Complications of Lesser Toe Surgery. Clinical Orthopaedics and Related Research, Vol 391, pages 72 -88.

O'Kane C, Kilmartin T (2005). Review of Proximal Interphalangeal Joint Excisional Arthroplasty for the Correction of Second Hammer Toe Deformity in 100 Cases. Foot Ankle International, Vol. 26, No. 4, pages 320 – 325.

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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](mailto: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](mailto: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](mailto:information.governance@nth.nhs.uk)

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