

Cheilectomy of the big toe

(First metatarsophalangeal joint)

Cheilectomy of the big toe

Following your consultation you are considering a cheilectomy of the big toe. This section aims to give you additional information about your condition and the treatment. It is designed to give you some general details about the recovery from surgery if necessary and the common risks and complications. This section is not for self-diagnosis. Please ask your surgeon if you have any further questions.

What is it?

Cheilectomy is an operation to remove a bony lump on the top of the main joint of the big toe. This is almost always caused by arthritis of the great toe (sometimes known as "hallux rigidus").

Why would it be performed?

Cheilectomy surgery is performed either because the bony lump is pressing painfully on your shoes, or as a treatment for early arthritis of the big toe, when the joint is not yet badly affected. Some people have both reasons for surgery. If the lump is pressing on your shoes, you will probably have tried different shoes before coming to see the surgeon and there is usually no other option than surgery. If arthritis is the main problem, surgery would only be advised if other treatments, such as painkilling and anti-inflammatory medicines, modifications to your shoes and injections had not helped.

What does the operation involve?

A cut is made on the side of the big toe. The lump is removed and the joint flushed out. The joint is checked to see how bad the arthritis is. The joint is stitched up and dressings applied. Sometimes the surgeon will recommend a 'Moberg's Osteotomy' as well. This realigns the big toe a little so that it is more comfortable to walk. Some people will have been advised before surgery that, if the arthritis is worse than it appears on x-ray, another operation will be carried out your surgeon will discuss this with you before the operation.

Can it be done as a day-case operation?

If you are medically fit, have someone who can collect you and look after you after the operation and you are comfortable afterwards, the operation can be done on a day-case basis. If you have other medical problems such as diabetes, asthma or high blood pressure, you may have to attend a preoperative assessment before your surgery. You

may need to stay in overnight after your surgery in case of complications or if there is no one to collect and look after you. The most common reason for having to stay overnight after a cheilectomy is for pain control, as the operation involves cutting out a piece of bone. Local anaesthetic injections can help with this, but not everyone is comfortable to go home. The majority of people who have cheilectomy surgery, are able to go home the same day.

Will I have to go to sleep (general anaesthetic)?

The operation can be done under general anaesthetic (asleep). Alternatively, an injection in the spine, leg or around the ankle can be given to make the foot numb while you remain awake. Local anaesthetic injections do not always work and, in this case, you may have to go to sleep if the operation is to be performed. Your anaesthetist will advise you about the best choice of anaesthetic for you. In addition, local anaesthetic may be injected into your leg or foot while you are asleep to reduce the pain after the operation even if you are under general anaesthetic the surgery. You will also be given painkilling tablets as required.

Will I have a plaster on afterwards?

No, you will not have a plaster on, only a firm bandage.

What happens afterwards?

You will usually come back to the clinic 10-14 days after surgery when your wound will be checked, sutures removed and advice given on exercises. You should then start to stretch your big toe up and down gently. This may hurt a bit, but **it is important to get your toe moving early** so it does not stiffen up. Obviously, we do not expect you to do this very vigorously at first, but, as the toe heals, you should be working harder and harder at it. Usually, you will be seen again about 6-8 weeks after your operation and, if you are making good progress, then you need not come back. If the operation was done for the bony lump alone, it will almost never grow back. If the operation was done for arthritis, you will probably notice an improvement in the arthritic pain within a month.

How soon can I ...

Walk on the foot?

You can do so immediately, but for the first 10-14 days you should avoid walking if possible and put all of your weight on the heel. When not walking, you must rest with your foot elevated as much as possible to reduce swelling. Once your stitches have been removed or trimmed, you can be more mobile.

Go back to work?

This depends on what you do and how you get to work. If you have a sitting down job that you could do with your foot elevated most of the time and you can get to work, you could probably go back 3 weeks after surgery. If you have a heavy manual job, you may be away from work for up to 2 months. If you need to drive to work, this will affect when you can go back. Your orthopaedic surgeon will advise you about going back to work.

Drive?

You can drive as soon as your foot is comfortable enough and you can wear a suitable shoe. Usually this is 2-4 weeks after surgery. You must be comfortable and not too stiff before trying to drive. Start by sitting in the car and trying the pedals. Then drive round the block. Drive short distances before long ones. If you cannot safely make an emergency stop, your insurance will not cover you in the event of an accident. Ask your surgeon or foot and ankle nurse when it is safe for you to drive again.

Play sport?

As the swelling in your foot goes down and it becomes less stiff, you can start gently exercising your foot and walking further each day. When you are comfortable doing this you can start gentle running and stretching. Contact, twisting and impact sports can follow as comfort dictates. Everyone varies as to how quickly they can take up exercise again. Be guided by your own body's reactions and the advice of your surgeon. Most people can return to most of their previous activities within 6 months of cheilectomy surgery.

Risks

- Some local skin infection can occur around the incision site. This is why it is important to elevate your foot as much as possible to prevent swelling which stretches the wound edges. There can be bleeding and bruising.
- Occasionally, the nerves to the top of the toe are bruised or stretched in the course of the operation, causing numbness or tingling on top of the big toe. This usually settles within about 6 weeks.
- The foot tends to swell up quite a lot after surgery. Swelling is part of your body's natural response to any injury and surgery is no exception. In addition, your foot is at the bottom of your body so fluid tends to collect in its tissues ("at the bottom of the slope") and cause swelling. People vary in how quickly this swelling disappears after an operation and 6 months is not all that unusual. Provided you are not having undue pain or inflammation, there is probably nothing to worry about and you can afford to give it time.

- If the surgery is done for arthritis in the foot or joint, this may progress over the next few years and you may eventually need further treatment, including possibly another operation.

There are general risks with any operation that include blood clots (DVT & PE), anaesthetic complications and tourniquet complications. Generalised pain, swelling and stiffness can occur (CRPS).

