

LESSER TOE DEFORMITIES



Knee + Foot + Ankle
— SURGEON —

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Introduction

Toes become deformed when the pressures on the toes are stronger than their joints can resist. This may be because of joint weakness, strong pressures, or both.

The joints may be weak because they have been damaged by injury or arthritis. The muscles that control them may become unbalanced, and causes the toe to bend. In some people the tissues in the lower part of the joint at the base of the toe (metatarso-phalangeal joint or MTPJ) become weak, allowing the base of the toe to drift upwards and unbalancing it.

Shoes present the main pressure on the toes. They can press on the tip of the toes when they are too tight. High heel shoes can force the toes into the point of the shoes causing pressure on the tip of the toes.

Depending on the deformity, lesser toe deformities have been known as hammer toe, claw toe or mallet toe.

The main problem with deformed toes is that they tend to rub on shoes, either on top of the toe or at the tip, or both. The toes may also rub on one another. This rubbing may simply be uncomfortable, or the skin may break down. Some people may get pain on the ball of the foot (metatarsalgia).

Treatment

SHOES AND INSOLES

Simple measures such as wide comfortable shoes and insoles that accommodate the deformity are helpful. A podiatrist can give advice about these. They can also treat the hard or raw skin that develops over some deformed toes.

Surgery

If the problem is not helped by simple measures and affects activities of daily living, an operation to straighten the toes is possible. There are a number of different operations which can be performed, and which one is performed depends on the type of deformity and the amount of stiffness in the toes. Surgery can involve cutting of tendons, cutting of bones, fusion of joints, or a combination of these. Very often, a pin is inserted into the toe, and removed later. Your surgeon will discuss with you the exact procedure that needs to be performed. This will depend on the amount of deformity as well as the presence of other foot problems that may need to be dealt with, e.g. bunions. Surgery can be day surgery or overnight stay in hospital.

Before Surgery

Anti-inflammatory medications such as Aspirin, Brufen, Voltaren, etc. should be stopped 10 days before surgery. If you are taking any blood thinners, for example, Warfarin, Plavix or Iscover, stopping these should be discussed with your surgeon. It is ideal if smoking can be ceased prior to surgery.

It is also advisable to prepare circumstances at home prior to your surgery, as there will be a period of recovery and rehabilitation following your surgery. Arranging for family and friends to assist you in the home setting is highly recommended. You should ensure that there is adequate clearance in the home to enable you to use a crutches or walking frame.

It is important that you organise family and friends to assist you with transport, as you will not be able to drive for at least 8 weeks.

After Surgery

You will be in a bandage and require a post-operative shoe for up to 6 weeks. Your mobility will be limited by swelling and discomfort. It is important that you rest in between walking to allow the pain and swelling to settle. At home, initially walking is kept to a minimum. You will require assistance with household chores such as cooking and cleaning.

After 6 weeks the dressings are removed, it may take another 2 weeks to be comfortable in closed shoes.

Driving is not allowed when in the post-operative shoe, but may be resumed when comfortable, particularly when you are able to brake in an emergency, usually at the 8 week mark following surgery.

returning to work can be dependent upon the activities of your employment, but is usually resumed at anywhere between 6 weeks and 3 months following surgery.

What are the risks?

Risks include infection, wound healing problems (especially in those patients who smoke, have diabetes or vascular disease) and stiffness. Surgery may not completely remove pain or deformity, deformity in the toes can recur over time. rarely, nerves and blood vessels can be damaged leading to numbness or loss of a toe (amputation).

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After Surgery Timeline

3 MONTHS TO BE **fair**

6 MONTHS TO BE **good**

12 MONTHS TO BE **right**