



Big Toe Arthritis - surgical options (page 1 of 5)

Arthritis of the big toe (Hallux rigidus)

Hallux rigidus is a condition caused by arthritis (wear and tear) at the base of the big toe. It can affect anyone, but is more likely to affect active people who participate in sporting activities.

You may notice a lump on the top of the big toe and pain is increased when walking or running, this is because moving your toe upwards is where you will feel stiffness.



Osteophytes of Hallux Rigidus



There are many causes of pain in the big toe joint; osteoarthritis, rheumatoid arthritis as well as infection and gout can all cause similar symptoms. Circulatory conditions such as diabetes will also influence the type of treatment your consultant recommends.

Treatment options

There are surgical and non-surgical treatment options for hallux rigidus. Your consultant will discuss these with you and help you make the right decision for you.

Non-surgical options for treatment

Early arthritis or mild symptoms can be treated using simple treatments such as orthotic insoles or making changes to your footwear. A more firm sole may help your symptoms. If you have discomfort on the top of your big toe, protective pads can cushion prominent or tender areas.

Painkillers may help to reduce discomfort.

A steroid injection in to the big toe joint may also help reduce inflammation and pain. It can be used as a way of delaying surgical options for mild to moderate arthritis and symptoms. In a small number of patients the injections can make the joint more painful for a few weeks. Pain can be improved for up to 2 years; however it does not affect

If you need your information in another language or medium (audio, large print, etc) please contact Customer Care on 0800 374 208 or send an email to: customer care@salisbury.nhs.uk

You are entitled to a copy of any letter we write about you. Please ask if you want one when you come to the hospital.

Please complete The Friends & Family Test to tell us about your experience at: www.salisbury.nhs.uk/FriendsFamily or download our App from the Apple App store or Google Play Store.

The evidence used in the preparation of this leaflet is available on request. Please email: patient.information@salisbury.nhs.uk if you would like a reference list.

Name: Katharine Wilcocks
Role: Advanced Clinical Practitioner Physiotherapist in Orthopaedics
Date written: Oct 2018
Review date: Nov 2021
Version: 1.0
Code: PI1542

the underlying arthritis. Further treatment will need to be considered in the future.

We only consider surgical options when all other options have been explored or if your arthritis and symptoms are very bad.

Surgical options for treatment

Cheilectomy

A cheilectomy is the removal of the extra bump of bone that has formed on the top of the big toe joint. It does not affect or improve the arthritis in the joint but allows more movement in the big toe joint. If you have mild to moderate arthritis, the surgery can be successful in relieving pain for several years. If your symptoms do not get better and the arthritis is more severe a fusion may be required later on.

Cartiva Implant

Cartiva is a synthetic cartilage implant that replaces the damaged cartilage surface. It is made from polyvinyl alcohol (PVA), similar to contact lenses. The Cartiva disc is 'plugged' in to the end of the bone preventing the irritable joint surfaces from rubbing together.

A Cartiva implant can improve pain and function at the big toe joint while maintaining the movement at the joint. This means it is an option if you have arthritis and good movement. Research has shown it can work well for 5 years, but we don't yet have information for longer than that. More information can be found at www.bio-vation.co.uk

Fusion

A fusion fixes the 2 bones in the big toe joint together. The operation aims to correct deformity, relieve pain and improve function. If your toe has already become very stiff then fusion surgery will probably be the best option.

In a fusion the worn joint surfaces are cleared and any bony prominences are removed. The metatarsal bone at the base of the big toe is fused to the phalanx in the toe. The bones are held in place by either a small metal plate or surgical screws. New bone is formed bridging the two bones and fusing them. This means that the big toe joint can no longer move and you will no longer be able to bend your toe at that joint. You will still be able to bend the joint in the middle of your big toe.

Possible complications after surgery

Infection – If infection occurs further surgery may be required to remove infected bone or metal screws. This is a rare complication. Minor infections of the wound are slightly more common and can be treated with antibiotics.

Numbness or pins and needles – This can happen due to damage to very small nerves in the skin at the surgical site. This is usually temporary; but numbness or increased sensitivity can be permanent.

Wound healing – This can be slow due to the blood supply to the outer surface of the foot being not as good as elsewhere. This may require dressings to be in place longer than 2 weeks.

On-going symptoms – some patients may continue to have pain following all of these procedures and may need further surgery.

Deep vein thrombosis (blood clots) – blood clots following this type of surgery are rare. Please inform the team if there is a history of blood clots in your family. Ensure you remain well hydrated, keep your leg elevated when resting and move around frequently.

Fusions only:

Non-union – this is when the two bones fail to fuse or join together. Smoking increases the risk of non-union.

Mal-union – This is when the two bones fuse together but the alignment of the toe is not perfect.

Screws – If the screws are prominent under the skin and cause irritation, they may have to be removed.

Shoes – Following a fusion you will be unable to wear high heels.

Cartiva implant only:

Implant subsidence - Rarely your bone doesn't support the implant properly and it can sink into the bone leading to recurrent pain. If this happens further surgery may be required.

Wear - The implant may wear out and require further surgery.

Allergic reaction - The potential for your body to react to this substance is very low. Rare cases of tissue reaction have occurred and this can be treated by removing the implant.

Admission to hospital

All of the above surgeries are carried out in the Day Surgery Unit. You will probably be able to go home the same day. However this will depend on your general health.

The operation is usually done under a general anaesthetic which means you will be asleep throughout. You will receive a local anaesthetic to your foot that will help with pain relief after your operation. The anaesthetist will talk to you on the day of your operation to discuss the best options for you.

Post-operative recovery

When you wake up after your procedure you will have a padded bandage on your foot. This will protect the dressings covering your wound and stitches. It is important to keep your foot raised to be level with your heart for the first 72 hours after your operation. This helps reduce the swelling and complications such as delayed wound healing. You will be given a rigid surgical shoe which you should wear when walking to protect both the surgery and to keep your bandages clean and dry. It is important to keep your foot clean and dry until your wound has healed and your stitches have been removed. This includes protecting it when bathing or showering.

You will need to arrange an appointment with your GP practice nurse for the removal of the bandage, dressings and any stitches from your wound. If you have any concerns about your wound before this appointment, or you are unable to make an appointment with your

surgery, please contact:

the Orthopaedic Outpatient Department on 01722 336262 extension 2441 or
Plaster Room on extension 4139.

We will give you crutches to help with balance and weight-bearing whilst your foot is sore. You will be advised to weight-bear through your heel for the first 48 hours. You can then put weight through the whole of your foot.

Cheilectomy or Cartiva implant

We will give you a rigid surgical shoe to wear for the first 2 weeks. After this you can wear a comfortable shoe, this may need to be looser than normal as your foot will be swollen. It is important to encourage movement at the toe joint by gently moving it up and down. Movement at an early stage will improve the result of your surgery.

Swelling is likely to persist for up to 3 to 6 months.

You may not feel the benefit of the operation for the first 6 weeks

Improvement can continue for up to 2 years.

Fusion

Recovery following a fusion procedure takes longer due to the bone growth. We will give you a rigid shoe to prevent movement at the fused joint. You will be advised to weight-bear through your heel for the first 48 hours, after this you can weight-bear through your whole foot but should not roll through on to your toes. The rigid shoe needs to be worn for at least the first 6 weeks; your consultant will advise you on when you can return to normal foot wear.

Swelling can persist for up to 12 months

Your discomfort will reduce over the first 6 weeks

Pain and discomfort will continue to improve for up to 12 months.

Returning to work

If you have had a cheilectomy and work in an office or less demanding job, and you can elevate your foot when at work, you can return once your wound is healed and your stitches have been removed (around 2 weeks after your operation).

If you have had a fusion you should not return to work for 6-8 weeks. If your employment is more active or requires you to be on your feet for long periods you will be advised to remain off work for a longer period of time.

Driving

If you drive an automatic car and have had surgery on the left foot you can return to driving after 2 weeks. If you do not drive an automatic car or you have had your right foot operated on, you should not drive whilst wearing the surgical shoe. You must be able to perform an emergency stop and be in complete control of your vehicle. It is important that you notify your insurance company of the procedure that you have undergone.

Sport

Sports should be avoided for at least the first 6 weeks after a Cartiva implant.

Following a cheilectomy, sports can be introduced gradually between 2 and 4 months.

If you have had a fusion you can resume lower demand sports between 3 and 6 months.

Contacts

If you have any queries, please contact:

- Orthopaedic Outpatients: 01722 336262 ext 2441
- Orthopaedic Therapy 01722 336262 ext 3111