

# Patient Information Sheet

## - Cheilectomy for Hallux Rigidus

### *What do I need to know?*



#### What is my diagnosis?

You have Hallux Rigidus. This is a process of wear and tear (arthritis) in the joint at the base of the big toe. Over many years, the joint forms new bone, to increase its surface area, which contributes to the bony bump around the joint. This also causes the joint to be stiff. It is usually symptomatic due to pain on walking, rubbing of the bony swelling against shoes and stiffness of the joint.

#### What does Hallux Rigidus look like on an X-ray?



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#### Do I need an operation?

You should have initially tried non-surgical treatments in the form of wide-box shoe-wear, padding around the swelling and forefoot insoles. This operation may be offered to you if you continue to have symptoms despite non-surgical treatment. You will be examined and counseled by a healthcare professional who will explain the risks and benefits of surgery to you.

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#### What does the operation involve?

The operation is performed as a day case procedure but come prepared in case you need to stay overnight. The operation is carried out under a general anesthetic & nerve block (numbing the nerves of the foot and ankle). The operation involves an incision (cut) over the joint at the base of the big toe. The extra bump of bone on the top of the big toe is trimmed to free the joint. This prevents contact between the two sides of the joint during walking.

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#### Your operation may be carried out by a Podiatrist:

This operation may be carried out by a podiatrist. Our podiatrist has specialised in the care of foot problems for many years and has gained additional training to allow them to work as a member of the operating team. The podiatrist is fully capable of performing this procedure to the highest standards and you will receive the same care provided by a surgeon.

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### What happens after surgery?

You will have a bandage on your foot and will go home with a surgical sandal on your foot. It is important to strictly elevate your foot for the first two weeks and then on & off afterwards.

- You can mobilise fully-weight bearing
- You will be advised on physiotherapy exercises to start the joint moving
- Use crutches if needed
- The swelling goes on & off and lasts for a long period up to three to six months

### Are there potential complications?

Every operation has potential complications. You must understand these before having surgery. These include but are not limited to:

- Ongoing pain and stiffness
- Need for further fusion surgery
- Sensitive or painful scarring
- Big toe permanent numbness
- Infection
- Clots in the leg (DVT)
- Clots in the lung (PE)
- Chronic regional pain syndrome

After this operation, walking uphill is usually difficult and some patients require shoe-wear modification.

Smoking, diabetes, rheumatoid arthritis, steroids and blood thinning medication increase these risks significantly. Discuss these in more detail with your healthcare provider.

### What about blood clots after surgery?

You could be prescribed anti-coagulants (blood thinning medication) after surgery. Your risk of having a blood clot will be assessed by your healthcare provider. You may be asked to take a daily tablet or have subcutaneous (under the skin) injections, depending on your level of risk. You will be shown how to self inject in this situation.