Patient Information Sheet

Fusion of 1st MTP Joint

What do I need to know?

Edinburgh Orthopaedics

What is hallux rigidus?

Hallux rigidus is the medical term for arthritis of the big toe joint. Wear and tear of the lining of the joint (cartilage) causes the bone to rub on bone with pain on walking and other activities. The joint gradually stiffens up. Often the joint is bulky with a **bump** on the top of the toe which causes problems with shoe rub.

Do I need an operation?

Surgery is indicated when the symptoms are significantly impacting on your activities of daily living, interfering with your sleep and are not managed with simple measures such as painkillers, footwear modifications and insoles.

What does the operation involve?

Surgery is carried out on a Day Case basis. It is usually performed under a General Anaesthetic (you are asleep) although it is possible to do under local anaesthetic (foot is numb). Surgery involves removing the remaining surfaces of the joint, placing the bone ends together and then fixing them with metal work (wires, screws, staples or plates). The bones takes about six weeks to knit together. The metal work is left in place. The joint will be completely stiff afterwards but will still bend at the end joint of your toe.

What happens after surgery?

Recovery from this type of surgery can be lengthy. You will be able to weight bear soon after your operation, but you will be very limited in walking for the first 2 weeks or so. The following is a guideline of the expected recovery period:

Bandage/rest/elevation – 2 weeks (Review in OPD clinic or GP nurse clinic)
Special shoe – 6 weeks (Review in OPD clinic with x-rays)
Return to work – 6 weeks
Return to driving – 6 weeks
Return to activities – 3 months
Pain/swelling resolved and back to normal – 12 months

It is important for you to know that big toe joint fusion surgery may impact on some of your activities. Footwear limitations will continue despite surgery and you will not be able to wear high heels after surgery.

Date written: August 2022

Useful phone numbers
Waiting list office: 0131 2423437

NHS Lothian

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What are the intended benefits of surgery?

- The intended benefits from surgery are:
- A reduction in pain
- The bulkiness of the joint is removed therefore footwear is more comfortable.
- An improvement in these factors may also have a positive impact on your mobility and function.

What are the alternatives to surgery?

If you decide not to have an operation, you can manage your symptoms by altering your activity levels, using painkillers and changing footwear. Shoes with a firm sole are best and a rigid in-shoe foot support can also help. A steroid injection can help reduce your pain, but this is a temporary effect and is not a cure for hallux rigidus. You should **avoid high heels and shoes with a narrow toe.**

Can I do nothing?

In general, this is not a life or limb threatening condition and surgery is not essential. Doing nothing is an option. Eventually the joint will stiffen up completely (auto fuse) and not move at all. At this stage pain is less because the joint is not moving. This process takes many years. Surgery can be done at anytime and we can continue to monitor your symptoms.

Your operation may be carried out by a Podiatrist

This operation is one of the operations that 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.

What are the potential risks of surgery?

The majority of patients are satisfied with the outcome of this surgery. The success rate of big toe (first metatarsophalangeal) joint surgery is about 80%. There are general risks of surgery: infection, blood clots, CRPS, mal/non-union of bone (see links) and specific risks related to this operation:

- Wound infection 7%
- Bone infection 1%
- Sensitive or painful scarring (5%)
- Numbness or sensitivity in the toe (5%)
- Pain in the ball of the foot
- Residual pain despite surgery
- Worse foot pain
- Recurrent deformity
- Persistent swelling (5%)
- Metalwork problems (5%)
- Risk of vascular compromise (1%)
- Complex regional pain syndrome (1%)
- DVT
- PE (1%) (potentially life threatening)
- Amputation (0.01%)
- Death (0.001%)
- Need for further surgery
- Risk of patient dissatisfaction with the outcomes of surgery

In the worst case, some of these risks may leave you worse off following surgery.

Smoking, other illnesses (such diabetes, rheumatoid arthritis) or drugs (steroids or blood thinning drugs) increase the risks of surgery.

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