

## What is a hammer/mallet toe

- **A hammer toe:** A deformity of the “knuckle” of the second, third or fourth toes causing it to bend. The knuckle often rubs on footwear and becomes uncomfortable. Sometimes this can cause abrasion to the skin and the formation of corns or even a breakdown of the skin (ulcer). Occasionally the ulcer becomes infected and may need treatment with antibiotics.
- **A mallet toe:** A similar condition affecting the end joint of the toe. Sometimes the end of the toe or even the toenail can come into contact with the ground and cause a painful corn or ulcer.
- **A claw toe:** A combination of both of the above deformities and can cause problems over the knuckle of the toe and at the tip of the toe.
- **Plantar plate tear:** Less common is an injury of a ligament under the toe (plantar plate tear) again causing the toe to rise up.



## Do I need an operation?

Surgery may be necessary when:

- The deformity is painful and worsening
- Difficulty obtaining suitable shoes
- There is significant disruption to your lifestyle or activities
- Breakdown of skin (ulceration) and infection.

**Referral for hammer toe/mallet toe surgery is not performed for cosmetic purposes.**

## What does the operation involve?

Surgery is carried out as a Day Case. 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 prominent knuckle, placing the bone ends together and then fixing them with temporary metal wire (K wire). The bones take about six weeks to knit together. Then the metal wire is removed in the Outpatient Department (OPD) clinic. The joint will be stiff afterwards but will still bend at the base of the 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 guide of the expected recovery period:

- Bandage/rest/foot elevation: 2 weeks (Review in OPD clinic or GP nurse clinic)
- Special shoe: 6 weeks (Review in OPD clinic for removal of metal wire)
- Return to work: 6 weeks
- Return to driving: 6 weeks
- Return to your usual activities: 3 months
- Pain/swelling resolved and back to normal: approximately 12 months

**Footwear limitations may continue despite having had surgery.**

## What are the intended benefits of surgery?

The intended benefits from surgery are:

- A reduction in pain
- The prominence 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 deep or soft toe box are best. Podiatry treatment will help. You should avoid wearing 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. Surgery can be done at anytime and we can continue to monitor your symptoms. If the skin is breaking down and becoming infected, an operation may be recommended.

## Your operation may be carried out by a Podiatrist

This operation is one 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 as 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 toe straightening surgery is about 80%. There are general risks of surgery: Infection, blood clots, mal/non-union of bone.

Specific risks related to this operation are:

- Wound infection (7%)
- Bone infection (1%)
- Tender scar (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%)
- Compromised blood flow to the foot (1%)
- Complex regional pain syndrome – lasting debilitating pain (1%)
- Blood clot to the leg (DVT) and/or the lung (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 as diabetes, rheumatoid arthritis) or drugs (e.g. steroids or blood thinning drugs) increase the risks of surgery.**

**For patient appointment enquiries, please phone the Waiting list office: 0131 2423437**