

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?

Cheilectomy surgery is indicated when the symptoms are impacting on your activities of daily living, and are not managed with simple measures, such as painkillers, footwear modifications, using padding or insoles. Fusing the joint is the best way to manage severe symptoms. If your symptoms are milder, then a cheilectomy (shaving of the bone) and removal of the bump can help.

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 it under local anaesthetic (foot is numb). Cheilectomy surgery involves removing extra bone that has formed around the joint.

What happens after surgery?

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 (followed by a review in the GP nurse clinic)
- Special shoe: 2 - 4 weeks
- 6 weeks (Review in the Outpatients department clinic)
- Return to work: 3 - 4 weeks
- Return to driving: 4 weeks
- Return to usual activities: 3 months
- Pain/swelling resolved and back to normal: 6 months

It is important for you to know that big toe joint cheilectomy surgery has an 80% chance of success and you may eventually need further surgery to have the joint fused. Footwear limitations will continue despite having had surgery, and you will not be able to wear high heels after surgery.

What are the intended benefits of surgery?

The intended benefits from surgery are:

- A reduction in pain
- The bump on top 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 changing 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 has a temporary effect and is not a cure for hallux rigidus. **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. 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 any time and we can continue to monitor your symptoms.

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 big toe (first metatarsophalangeal) joint cheilectomy 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%
- 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
- Recurrence of bump
- Persistent swelling (5%)
- Compromised blood flow to the foot (1%)
- Complex regional pain syndrome - lasting debilitating pain(1%)
- Blood clots in 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 appointment enquiries, please phone the
Waiting list office: 0131 2423437**