Lesser toe sequential repair
For the correction of lesser toe deformity
What is lesser toe deformity?

The lesser toes are those other than your big toes. They can suffer from a range of deformities which can affect their position and make the toe more likely to be affected by other complications.

The big toe has only one joint, but the lesser toes have two. The most common types of deformities which affect the lesser toes are:

- Claw toe
- Hammer toe
- Mallet toe
- Dislocation of toe (may be partial or complete)

More details about these 4 conditions are covered below.

**Claw toe** A claw toe is caused by one of the tendons in the foot contracting. The first bone is raised and the second two bones point downwards.

![Before surgery](image1)

![After surgery](image2)
**Hammer toe** The three bones in the toe should form a straight line, but with a hammer toe the first bone is slightly raised, the second bone tilts downwards and the bone at the tip is almost flat. This condition is also caused by one of the tendons in the foot contracting.

![Before surgery](image1.png)

![After surgery](image2.png)

**Mallet toe** This condition is caused by one of the tendons in the foot contracting, the first two bones are straight but slightly raised and the bone at the tip is pointing downwards.

![Before surgery](image3.png)

![After surgery](image4.png)
Dislocation of toe (Plantar plate tear) This condition is caused by either a partial or complete tear of the ligament underlying the toe. It is usually the result of either specific injury to the toe/joint or overuse and inflammation over a prolonged period of time.
How is a lesser toe deformity diagnosed?

Your consultant will examine your foot to assess your condition including flexibility, stability and sensation and will check for swelling, calluses and redness. It is likely that your foot will also be X-rayed - this will show the surgeon the extent of the deformity.

What are the treatment options for lesser toe deformity?

There are surgical and non-surgical options to treat lesser toe deformity.

Non-surgical options

Non-surgical options usually focus on symptom management such as:

- Painkillers
- Changing your activity to alleviate symptoms
- Wearing correctly fitting footwear or footwear which accommodates the lesser toe deformity.
- Use of protective and cushioning shields, splints and or insoles / orthoses.

Surgical options

Severe deformity can, however only be corrected using surgery. There are three types of surgery:

- **Arthroplasty** - This is where a small section of bone is removed from the toe and the tendon is flapped into the space to form a fibrous joint, ie the toe will bend at the joint.
- **Arthrodesis** - This is where the two sides of the affected joint are removed and the bony surfaces are fused together. This joint will no longer move when healed.
- **Plantar plate (ligament) repair** - An incision is made on the top of the foot over the affected toe. The damaged ligament is
exposed, repaired and reattached to the base of the toe. *N.B. in order to access the damaged ligament, the metatarsal bone may need to be broken and repaired with the use of a screw / wire (‘Weil osteotomy’ leaflet may be provided). The plantar ligament repair may also be carried out in addition to procedures such as arthroplasty / arthrodesis if there is also a deformity of the toe in question.

Surgery is usually recommended if you are experiencing pain and limitation / disability along with:

- Prominent toe joints
- Callus and corns to the top side or end of the toe. Callus / corn on the ball of your foot.
- Difficulty with shoes fitting correctly, even when you wear sensible, correctly fitting footwear.

**What are the benefits of surgery?**

- To reduce pain and deformity
- To reduce the misalignment which is the cause of the deformity
- To reduce callus / corn formation

**Are there any risks?**

The general risks of foot surgery are outlined in the pre-operative information booklet which you will have already received. In addition, the specific risks for this procedure are:

- Recurrence of the deformity
- Toe floating off the ground
- Increased prominence of adjacent toes
- Pain in the ball of the foot
- Non-union of bone (bone does not knit together)
- Fixation problems (with the screws/pins)
• Revision surgery may be required
• Infection

See also the complications covered in the general information leaflet.

**How long does the operation take?**

The operation can take up to 45 minutes (depending on procedure), longer for multiple toes.

**Is this a day procedure?**

Yes, you can usually go home the same day. You will usually be admitted for half a day.

**Will I have a plaster cast?**

A plaster cast is not normally necessary for this procedure. If your particular operation does require a plaster cast we will let you know in advance.

**Will I have any screws, wires or pins in my foot?**

Wire fixation may be used, these can either be internal or external. If an external wire is used this will need to be removed between 2-6 weeks after the operation, dependent upon your procedure.

In all cases of arthrodesis and some cases of arthroplasty, you will have a wire protruding from the end of the toe for between 4-6 weeks, when it will be removed. This should not be painful though some patients do describe discomfort. The main reason for pain on removal of the wire is if you have walked too much and bent the wire.

If the wire is put under too much stress by walking, there is a risk that it may snap. If this happens the wire can be difficult to locate and remove.
(by revisionary surgery) and may be left in place, this is likely to lead to a less than optimal outcome.

*Although not always necessary, you may require a permanent wire / screw in your foot (metatarsal bone) if you have a plantar plate (ligament) repair procedure performed.

**How long will I need off work?**

This will depend on the job you do and the speed of your recovery. For non-manual work we usually recommend approximately 4-6 weeks, for manual work approximately 6-8 weeks.

**Who can I speak to if I would like more information about the procedure?**

It is important that you understand what the procedure involves before giving consent. This includes any potential risks, benefits and alternatives; these will be explained to you beforehand. Please don’t hesitate to ask either your consultant or one of the team if you have any further questions.
Surgery to reduce lesser toe deformities

The operation

The operation is usually performed under a local anaesthetic which means that you will be awake. You can eat normally and take your normally prescribed medications on the day of the operation.

The local anaesthetic is given through injections around the area of the toe or the ankle. Sometimes an injection behind the knee will be offered.

The operation takes about 15-30 minutes, longer for multiple toes. You can expect to be in the day surgery unit for about 3 hours, this is to allow you an opportunity to rest after the operation and for us to provide you with discharge information and packs as required.

For your safety you must have a competent adult at home with you for the first day and night after surgery.

First 2-4 days

- It is not unusual to experience some pain/discomfort, you will be given painkillers to help with this.
- You must rest completely for 2-4 days with your foot elevated just above hip level. You may be advised to keep the circulation going by gently drawing circles in the air.
- You should restrict your walking to going to the bathroom only, if you have been given crutches you must use them in the way shown.
- You may be able to bear a little weight on the foot carefully using just the heel.
- You should be able to get about a little more after 3-4 days.
One week after surgery

- You may need to come to the clinic for your foot to be checked and re-dressed.
- You may start to do a little more within pain limits. Pain may mean you are doing too much.

Two weeks after surgery

- You will need to attend the clinic again for the removal of your stitches. For absorbable stitches this normally means just trimming the ends. Stitches on the sole of the foot may need to stay in about a week longer.
- You should no longer need the bandage and you should be able to get around without crutches.
- Your foot will still be quite swollen but you should be able to get a roomy shoe on. You should bring a lace-up broad fitting and supportive shoe (ideally a trainer) with you. Shoes cannot be worn until any wires have been removed.
- Provided that the wound is healed you should be able to get the foot wet.
- You will be advised on a gradual return to activity and may also be advised on scar care.

Between 2-6 weeks after surgery

- The foot starts to return to normal and you can return to wearing shoes.
- The foot will still be quite swollen especially at the end of the day.
- You may require a review appointment at 4-6 weeks for wire removal.
- You may be able to return to work but may need longer if you have an active job. If in doubt, please discuss this with a member of the team.
• You may resume driving if you can perform an emergency stop comfortably. Please inform your insurance company before driving again.
• You can return to normal activity, but sport should be avoided.

**Between 8-12 weeks after surgery**

• The foot should continue to improve and begin to feel more normal again.
• There will be less swelling.
• Sport can be considered after 3 months depending on your recovery.

**Six months after surgery**

• You will have a final review between 3-6 months following surgery.
• The swelling should now be slight and you should be getting the benefit of the surgery.

**Twelve months after surgery**

• The foot will now be fully healed.

**Who do I contact if I would like any further information?**

If you have any questions about the procedure or would like further information please call the podiatry surgery team on:

• 0114 271 4668