Kessel Bonney decompression osteotomy
For the correction of an arthritic big toe

Information for patients
Department of Podiatric Surgery
What is Kessel Bonney decompression osteotomy?

This procedure is used to treat the pain associated with mild to moderate arthritis of the big toe joint. By removing a small wedge of bone from the top of the big toe it allows the joint to 'rock' and reduces the pressure put through the joint.

What are the treatment options for hallux limitus?

There are non-surgical and surgical options to treat the pain associated with hallux limitus (arthritis of the big toe joint).

Non-surgical options

Non-surgical options focus on symptom management but will not cure the arthritic changes that have already occurred. Management can include:

- Modifying your activity
- Correct fitting or accommodative footwear
- Joint injections
- Use of protective and cushioning shields, splints and/or insoles / orthoses
- Painkillers

Surgery

There are several types of surgery that can be used to manage the pain associated with hallux limitus. This leaflet discusses the Kessel Bonney procedure.

Surgery is an option if you are suffering pain and stiffness to the big toe joint.
What are the benefits of surgery?

- To reduce pain and deformity
- By removing excess bone, improve the shape of the big toe joint and possibly improve movement

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 to those, there are the following risks which are specific to this procedure:

- Continued pain
- Joint stiffness
- Pain in the ball of the foot
- Progressive arthritic change
- Fixation problems
- Non-union of bone

The procedure does not cure the underlying arthritis in the joint, and this may well continue to develop, making further treatment (surgical or non-surgical) necessary. The average amount of improvement of this procedure seems to be time limited, ranging from 12 months to 7 years. Some patients, however, see no improvement in their original discomfort and require further treatment much sooner.

What does the operation involve?

After the foot is anaesthetised, you will be taken through to theatre. An incision will be made over your big toe joint and the bony bump removed. A small wedge of bone will be removed and the gap fixed with a screw or wire. You will have stitches put in which will typically stay in place for 2-3 weeks.
Before operation

During operation

After operation

X-ray appearance of arthritic joint

Clinical appearance of joint
How long does the operation take?

The operation usually takes between 30 and 45 minutes.

Is this a day procedure?

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

Will I have a plaster cast?

This is not normally necessary for this procedure.

Will I have any screws or pins in my foot?

Internal fixation (bone screws or pins) are used. These are buried beneath the skin so you will not normally notice them and they do not usually need to be removed. About 10% of patients experience irritation which can require further surgery within 10 years.

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. Although 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.
The day of 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 operation. The local anaesthetic is given via injections around the area of the big toe joint and the ankle. Most patients find this to be more comfortable than a dental injection. Sometimes an injection behind the knee will be offered. The operation takes about 30-45 minutes, although you can expect to be in the day surgery unit for about 4 hours. This is to allow you an opportunity to rest after your 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 for the first day and night after surgery.

First 2-4 days

- This is the worst time for pain but you will be given painkillers to help.
- 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 or wiggling your toes.
- 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 can get about a little more after 3-4 days.
One week after surgery

- You must attend 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 must attend clinic again for removal of 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.
- Provided that the wound is well enough healed you should be able to get the foot wet.
- You will be advised on an 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 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.
- 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 return to driving after 6 weeks if you can perform an emergency stop. You must check with your insurance company before driving again.
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 6 months following surgery
- The swelling should now be slight and improving

Twelve months after surgery

- The foot has stopped improving with all healing complete.
- The swelling should now be minimal and you should be feeling the benefit of surgery.

Please note: if a complication arises, recovery may be delayed.

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 us on:

- 0114 271 4668

Alternative formats can be available on request.
Please email: sth.alternativeformats@nhs.net