Weil osteotomy for the treatment of metatarsalgia

Information for patients
Department of Podiatric Surgery
What is metatarsalgia?

Metatarsalgia is a type of pain that occurs in the ball of the foot, also called the metatarsal region.

The pain can range from mild to severe and often gets worse when you stand or move. It is sometimes described as a burning or aching sensation and you may have shooting pains, tingling or numbness in your toes. Some people also experience a sensation that feels like walking on pebbles.

The pain often occurs in the area where the second, third and fourth toes meet the ball of the foot.

What are the treatment options for metatarsalgia?

There are non-surgical and surgical options to treat metatarsalgia.

Non-surgical options

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

- Activity modification
- Correct fitting or accommodative footwear
- Use of protective and cushioning shields, splints and/or insoles / orthoses
- Regular palliative podiatry care to reduce painful lesions
- Joint injections

Surgical option

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

- Persistent severe pain, callus or corns affecting the ball of the foot
- Positional deformity of the toe
- Difficulty with shoe fit and comfort despite wearing sensible footwear

**What are the benefits of surgery?**

- To reduce pain and deformity
- To improve pressure distribution in the ball of the foot and reduce callous / corn formation
- To improve toe alignment if possible
- Improvement in pressure distribution in the ball of the foot to improve comfort.

**Are there any risks?**

- Joint stiffness, 10%
- Floating toe, 20%
- Transfer of weight, 2.5%
- Infection, 7.5%
- Recurrence of symptoms, 2.5%
- See also the complications covered in the general information leaflet
What does the operation involve?

A cut is made on top of the foot between the metatarsal bones. If you are having your toes straightened at the same time, the cut may extend into the toes or there may be separate cuts on the toes. The metatarso-phalangeal joint at the base of the toe is opened and freed to relax the tissues. A cut into the metatarsal bone allows it to slide back sufficiently to relax the joint and relieve the pressure under your foot. The amount it needs to slide is measured by your surgeon on X-rays taken before the operation. The bone is then fixed in its new place with 1 or 2 tiny screws and the cut is closed. This process may be performed on one or more metatarsal bones.

Before surgery

After surgery
How long does the operation take?

The operation usually takes between 30-45 minutes.

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?

This is not normally necessary. If your particular operation requires a plaster cast we will let you know in advance.

Will I have any screws or pins in my foot?

Internal fixation (bone screws or pins) are usually used. These are buried beneath the skin so you will not normally notice them and they do not usually need to be removed.

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.

Consent

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.
Lesser metatarsal surgery

The day of the operation

The operation is usually performed under a local anaesthetic. This being the case, you will be awake; you can eat normally and take your normally prescribed medications on the day of operation. The local anaesthetic is given by injections around the ankle. 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 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 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 raised 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 may need to visit 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 must attend 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. Provided that the wound is well enough healed, you should be able to get your 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

Your 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 if you can perform an emergency stop. You must check with your insurance company before driving again. Whilst you can resume normal activity, you should avoid sport.

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 surgery.
Twelve months after surgery

The foot has stopped improving with all healing complete.

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