Terminal Symes amputation
For the treatment of apical toe pain

Information for patients
Department of Podiatric Surgery
What is apical toe pain?

Apical toe pain is pain from the tip of the toe. It is often caused by deformity of the 'knuckle' joint of the toe leading to pressure with possible callus / corn formation. It may also result from toe deformity such as a mallet or hammer toe.

What are the treatment options?

There are both non-surgical and surgical options available:

Non-surgical options
- Debridement (removal) of callus / corn (if appropriate)
- Toe props
- Cushioned insoles
- Footwear

Surgical options
- Straightening of the affected toe: this may not always be appropriate or may only be offered along with other surgery.
- Terminal Symes: this is the surgical removal (partial amputation) of the end of the toe. This is usually carried out on the joint closest to the end of the affected toe. This procedure may also be offered in other situations such as crowding of the lesser toes and deformity to the end of the toe.

What are the benefits of surgery?
- Reduction in pain and/or deformity
- Reduction of the risk of ulceration
- It is a small, localised procedure
Are there any risks?

The general risks of foot surgery are outlined in the pre-operative information booklet. In addition to these, this procedure carries the specific risks of:

- painful scar
- delayed healing
- shortening of the toe
- increased pressure to the remaining toes

What does the operation involve?

Is this a day case procedure?

Yes, the procedure is done under either local or regional anaesthetic so you can usually go home the same day, although you will usually be admitted for half a day.

How long does the operation take?

You will be in the unit for approximately 3 hours on the day of surgery. The procedure itself takes approximately 10 minutes.
How long will I need off work?

The wound takes approximately 2-4 weeks to heal, but consideration is also given to other factors such as your type of employment.

Will I require a plaster cast?

No, your foot will be placed in a surgical sandal following the procedure.

Will I have screws or pins in my foot?

No, internal fixation such as screws are rarely used for this procedure.

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 (contact details can be found on the back of the leaflet).
Terminal Symes (partial toe amputation)

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 administered via injections around the area of the toe or ankle. The operation takes about 10 minutes with longer times for multiple toes. However, 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 elevated just above hip level. You may be advised to keep the circulation going by gently drawing circles in the air with your foot 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, if advised by your clinician. You can get about a little more after 3-4 days.

1 week after surgery

You may need to 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.
2 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 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 shoes. Your foot will still be quite swollen especially at the end of the day. 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 normal activity will be resumed, 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.

6 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.
12 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