Hallux interphalangeal joint arthrodesis

For the treatment of degenerative joint changes to the big toe

Information for patients
Sheffield Teaching Hospitals
What is osteoarthritis?

Osteoarthritis is 'wear and tear' of one or more of the joints and is where healthy cartilage becomes damaged and deteriorates. It may cause a range of symptoms including aching pain and pain from bony prominences (lumps).

What are the treatment options?

Non-surgical options

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

- Activity changes
- Stiff soled / accommodative footwear (ask for a footwear advice leaflet for further information)
- Joint injections
- Use of orthoses (insoles that fit into your shoes)
- Painkillers

Surgical options

Although there are different procedures that can be used to treat this condition, the clinical team will discuss the various options and the reason for choosing this one (Hallux Interphalangeal Joint Fusion).

Surgery is usually recommended if you are experiencing pain and limitation (unresponsive to traditional care) along with:

- Arthritis from the Interphalangeal Joint (IPJ) in the middle of the big toe
- Hammer toe deformity of the big toe
- Pain from a prominent joint
- Difficulty with shoe fit despite wearing sensible footwear
What is a Hallux Interphalangeal Joint (IPJ) fusion?

A hallux (big toe) IPJ fusion is a procedure that irreversibly stiffens the joint in the middle of the big toe or 'Hallux' while removing any bony lumps and correcting deformity in the process. The procedure prevents any movement from the joint in the middle of the big toe but allows ongoing movement from the base of the toe.

Before surgery

After surgery

What are the benefits of surgery?

Surgery may:

- reduce pain and deformity
- improve the alignment of the big toe (make it straighter)
- reduce callus / corn formation and prevent local ulceration

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 this there are the following specific risks for this procedure:

- Failed or delayed union (the bones fail to knit together or take longer than anticipated to do so)
- Mal-union (the bones knit together in a poor position)
- Floating toe (toe does not touch the ground)
• Fixation problems (screw irritation or malfunction)
• Arthritis in adjacent joints
• Metatarsalgia (pain in the ball of the foot)

How long does the operation take?
The operation usually takes between 30 and 60 minutes.

Is this a day surgery procedure?
Yes, you can usually go home the same day (you will be admitted for half a day).

Will I have a plaster cast?
You will normally be immobilised in some form of cast for up to 8 weeks. A small ankle length non-weightbearing cast may be required for the first 2 weeks followed by a period (usually 6 - 8 weeks) of limited weightbearing in a 'walker boot'.

Please note: the duration and type of immobilisation (casting regime) can be subject to change depending on the speed of the healing process and other factors.

Will I have any screws or pins in my foot?
Internal fixation such as bone screws, pins and plates are usually used. These are buried beneath the skin so you will not usually notice them and they do not usually need to be removed.

How long will I need off work?
Approximately 8 - 10 weeks depending on your employment type.
Who can I speak to if I would like more information about the procedure?

It is important 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.
Hallux Interphalangeal joint fusion

The operation

The operation is usually performed under a local / regional anaesthetic. The anaesthetic is administered via injections around the big toe and ankle. Most patients find this to be more comfortable than dental injections. Sometimes an additional injection behind the knee will be offered to provide longer term pain relief. This means you will be awake during the procedure and you can eat and drink as normal. Please take all your usual prescribed medications unless otherwise directed by a member of the team.

First 2 - 4 days

- This is the worst time for pain but you will be given painkillers to help. You must rest completely for this period.
- You should restrict your activity to going to the bathroom. When getting about use your walking aids as demonstrated / advised by the physiotherapist.
- You can get about a little more after 3 - 4 days.
- You may need to attend a clinic appointment for a re-dressing, depending on your health status.

One week after surgery

- You will need to attend the clinic for your foot to be checked and re-dressed.
- You may start to do a little more within pain limits. Increasing pain may mean you are doing too much.
- You will be required to have an x-ray at either the Northern General or Royal Hallamshire Hospital (Radiology Department) between your first and second post-operative appointment.
**Two weeks after surgery**

- You must attend clinic again for an x-ray review and re-dressing appointment.
- Stitches are usually removed at this stage but may be left in place longer depending on healing.
- We may change your type of cast or immobilisation device at this appointment. This is normally for a smaller non-weightbearing cast or walker boot.
- You may have a small dressing at this stage and can normally get the foot wet after a couple of days unless advised otherwise by your clinician (do not get your foot wet if it is still immobilised in a cast).

**Between 2 - 8 weeks after surgery**

- The foot will still be 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 to recover if you have an active job.
- Swelling permitting, you may be able to return to shoes if your foot is no longer in a cast (8 weeks).
- You may be able to return to driving **if you are no longer wearing a cast** and you are confident to do an emergency stop. You should check with your insurance provider first.
- Whilst you can resume normal activity, sport should still 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.
• Sporting activities can be considered after 3 months depending on your recovery.
• You may require a review appointment at 8 - 12 weeks.

Six months after surgery
• You will have a final review at around 6 months following surgery.
• The swelling should now be mild.
• Any residual swelling or discomfort may continue to improve up to 12 months post-operatively.

Twelve months after surgery
• Any residual swelling should be minimal.
• The foot has stopped improving, all healing is complete
• You should be getting the full 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 any further information, please contact us on:

• 0114 271 4668

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

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