

Toe Correction

INTRODUCTION

Toes become mal-aligned or painful for a number of reasons. In the majority of cases, toe deformities result from imbalance between the muscles that move the small joints of the toes. Often this results in joints that are flexed, resulting in painful callosities. Pain under the balls of the toes can also occur due to overload. Most toe corrections undertaken by Dr Zilko are done using *minimally invasive (keyhole)* techniques.

THE SURGERY

Toe correction surgery can include a number of steps:

- General anaesthetic and IV antibiotics
- Tourniquet around the thigh
- Fusing or cutting one or more of the small joints or bones of the toe
- Internal fixation of the toe with screws or wires
- Lengthening or release of tight tendons on the top or bottom of the toe
- Releasing or stabilising the joint at the base of the toe (metatarsophalangeal joint)
- Shortening the metatarsal bone (Weil osteotomy) if required and fixation with screws
- Repair of the stabilising tissue under the MTP joint if required (plantar plate reconstruction)
- Check x-ray and closure of incision with sutures
- Local anaesthetic block
- Surgical shoe

GUIDELINES FOR POST-OP

HOSPITAL ADMISSION

- Most patients go home on the day of surgery

FIRST 2 WEEKS

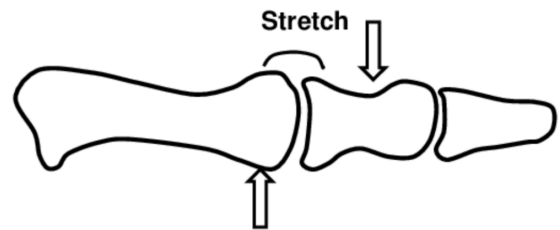
- Elevate foot and rest
- Full weightbearing as tolerated in surgical shoe
- Surgical shoe on at all times (including bed/shower)
- Crutches for balance if required
- Dressings to stay dry and intact
- Strong painkillers as required
- Vitamin C 1g per day

2 WEEK POST-OP APPOINTMENT

- Review by nurse & removal of dressings and sutures
- Fitting of Budin splint if required

WEEKS 3-8

- Transition to a stiff-soled sneaker with a wide toe box (ie shoe should not squeeze the toes together)
- Elevate foot when not walking
- Daily scar massage from 3 weeks post-op
- Exercise bike/swimming from 4-6 weeks post-op
- *Exercise 1:* Using both your hands put some pressure where the arrows indicate. It is easiest to do this with your foot crossed over the other knee. Each exercise: Push & hold for 10 seconds. Do sets of 10, 2 x per day



- *Exercise 2:* Scrunch toes on an "imaginary" towel & hold for 10 seconds. Do a set of 10, 2 x per day
- Podiatry review (arrange first appointment for 2-5 days after the 2-week post-op check)
- **PODIATRY REHAB:**
 - Paraffin therapy, joint mobilisation, cold laser, soft tissue manipulation and nerve desensitisation

8 WEEK POST-OP APPOINTMENT

- X-ray and review by Dr Zilko, removal of any wires

FROM 8 WEEKS

- Avoid barefoot walking and impact exercises until 12 weeks post-op

6 MONTH POST-OP APPOINTMENT

- X-ray and review by Dr Zilko

Full recovery is usually 3-6 months.

Every patient's recovery is individual and depends on the severity of the disease and complexity of the surgery.

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