

1st Metatarsophalangeal Joint Fusion

INTRODUCTION

The joint at the base of the big toe (1st metatarsophalangeal joint) is commonly affected by arthritis. Fusion of the joint is the most reliable way of relieving pain and improving function. After a big toe fusion most patients have little or no pain and are able to live very active lives.

THE

1st MTPJ fusion surgery involves a number of steps:

- General anaesthetic and IV antibiotics
- Tourniquet around the thigh
- Incision along the inside of the big toe
- Removal of remaining joint cartilage
- Insertion of bone graft
- Internal fixation with plate and screws
- Check x-ray
- 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 (put weight through the flat of the foot, not through the toes)
- Surgical shoe on at all times (including in bed and shower)
- Crutches for balance if required
- Dressings to stay completely dry and intact
- Strong painkillers as required
- Aspirin 100mg & Vitamin C 1g per day

2 WEEK POST-OP APPOINTMENT

- Review by nurse and removal of dressings and sutures

WEEKS 3-8

- Full weightbearing as tolerated in surgical shoe
- Safe to transition to a supportive sneaker/sports shoe with a **carbon foot plate** - Dr Zilko can fit this to your shoe if required
- Shoes must be on for all walking/standing
- Elevate foot when not walking
- Daily scar massage from 3 weeks post-op

8 WEEK POST-OP APPOINTMENT

- X-ray to check fusion and review by Dr Zilko

FROM 8 WEEKS

- Transition to any normal shoes
- Avoid barefoot walking
- Heel under 3cm
- No impact activities (eg running, jumping, tennis etc) until 3 months post-op

FROM 3 MONTHS

- Return to normal activities as tolerated

6 MONTH POST-OP APPOINTMENT

- X-ray to check fusion and review by Dr Zilko

Full recovery is usually 3-6 months, and can take up to 12 months.

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