



Big Toe Fusion

This leaflet aims to answer your questions about having big toe fusion surgery under the care of Mr Sam Singh. It explains the benefits, risks and alternatives, as well as what you can expect when you come to hospital.

For more information please go to Mr Singh's Website:
<http://www.footandanklesurgeon.co.uk>



What is big toe fusion surgery?

This operation welds the bones together at the base of the big toe (first metatarsophalangeal joint).

What happens during big toe fusion surgery?

Big toe fusion surgery can be done as a day surgery procedure unless you have other significant medical problems that mean you may need to stay in hospital overnight. You will usually have a general anaesthetic (be asleep). A cut is made over the joint. The joint surfaces are cut out and prepared so that the big toe sits in a good position. The bones are then fixed together with metalwork (either screws or a plate and screws). The wound is closed with stitches. Procedures for the smaller toes may be performed at the same time through separate cuts over those toes. The foot and ankle is then bandaged up.

Why should I have big toe fusion surgery?

The most common reason to have this surgery is for severe arthritis of the big toe, where the toe is already stiff and painful. In the fusion operation, the joint surfaces are removed so that the two bones will heal together. If there is no movement at the joint there will be no pain. **However, the joint will be permanently stiff.** People can walk fairly normally with a stiff toe as it does not hurt, but women will notice a difficulty in wearing a heel of more than one inch high.

What are the risks?

In general, the risks of any operation relate to the anaesthesia and the surgical procedure itself.

In most cases you will have a general anaesthetic. You will be able to discuss this with the anaesthetist before surgery and he/she will identify the best method for your individual case.

The main surgical risks are listed below:

Swelling: Your foot will swell after surgery as part of the response to surgery and the healing process. It may take more than six months for the swelling to go down completely. It is important to elevate your foot in the early stages, when not moving.

Non-union: There is a 10% chance that your bones will not heal together (unite). This may need further surgery. This risk can be up to 50% if you smoke, and can be higher in patients with diabetes.

Stiffness: The big toe will be stiffer than before surgery. This will limit the size of heel you can wear on your shoe. The surgery will allow for a small heel (one inch). If this is not acceptable, you should discuss with your surgeon before going ahead with surgery.

Infection: The cuts usually heal within two weeks, but may leak a small amount of fluid. In a small number of cases (less than 5 in 100 patients), the wounds may become infected and need antibiotics.

Pain: Some patients experience pain under the smaller toes after big toe fusion surgery as the weight is transferred this way (metatarsalgia). This is often helped with a special shoe insole.

Metalwork: You may be able to feel the metalwork in your foot, in which case after six months you may have a smaller operation to remove it. By then the fusion will be solid so the screws are no longer needed as the bone will have bridged the former site of the joint.

Shoes with a soft upper or even a rocker sole shoe can help.

Are there any alternatives?

Simple non-surgical measures, such as a stiff soled or soft shoe should be tried before undergoing surgery. If the joint damage is not too severe, sometimes a cheilectomy may be performed before fusion surgery, where the joint is cleared of excess bone to try to maintain movement and improve the pain. Often, the damage is too severe to be treated with a cheilectomy, and fusion surgery is the best option.

How can I prepare for big toe fusion surgery?

Please refer to one of the following information available on-line which will provide all of the pre-operative preparation information:

London Bridge:

- **About Your stay - Day Case/Inpatient**
- **Having an anaesthetic**
- **Your surgery under general anaesthetic - a guide for patients**
- **Pre-Admissions**
- **Online Pre-Assessment**
- **MRSA Infection Control**
- **Planning your discharge**

The Lister Hospital:

- **A Guide for patients coming to Hospital**

If you don't have a copy, it can be downloaded at:

<http://www.londonbridgehospital.com/LBH/media-centre/brochure-leaflet-downloads/>

<http://www.londonbridgehospital.com/LBH/private-patients/mrsa/>

<http://www.thelisterhospital.com/patient-info/>

Chelsfield Park & The Sloane Hospital:

- Preparing for your stay
- You and your anaesthetic.
- Information about your surgery
- Day Surgery/Inpatient Pre Operative Assessment questionnaire
- Your Guide to pain control
- Venous Thrombo Embolism - Reducing the risk of getting blood clots
- Allergies/Latex
- Physiotherapy a guide for patients

<http://www.bmihealthcare.co.uk/chelsfieldparkhospital>

<http://www.bmihealthcare.co.uk/sloanehospital>

You should make arrangements to be collected from the hospital. Someone should stay with you overnight if you have a general anaesthetic and your operation is a day case. You will need some time off work after the surgery. This will be at least 1-3 weeks but maybe longer if you have a manual job. Mr Singh will discuss this with you. We advise you speak to your employer before surgery to make plans.

Giving my consent (permission)

We want to involve you in decisions about your care and treatment. If you decide to go ahead, you will be asked to sign a consent form by Mr Singh. This states that you agree to have the treatment and you understand what it involves.

Will I feel any pain?

There will be some pain after the surgery. While you are asleep local anaesthetic may be injected into your foot to reduce the pain after the operation even if you go to sleep for the surgery. You will be given medicines to take home to control the pain. The nurse will go through the medicines with you, including how often and when to take them. There will be a combination of strong and weak pain killers.

It is essential that you maintain an adequate level of pain relief after your surgery so make sure that you regularly take your prescribed painkillers. However the tablets are not compulsory and if you have little pain you may not need to take them. When you come into the hospital you will be given a leaflet called **Taking painkillers after your surgery** explaining how to get the most benefit from your painkillers. Please ask the ward for a copy if you don't get one.

It is important that you continue to take painkillers as advised after your surgery. However, if you have little or no pain you may not need to take the tablets.

If your pain does not settle, you can either be reviewed in your scheduled outpatient appointment or you should seek further advice and management from your GP.

THE DAY OF THE SURGERY:

Mr Singh will see you before and after your operation. The anaesthetist will also see you before your operation, any queries about the anaesthesia are best discussed with him/her directly on the day.

Waiting for your operation: Please note that you may not be the first patient on the operating list and therefore have a variable amount of time during which you will be waiting to go to theatre; how long will depend in your place on the list. If you are the last patient to be scheduled for surgery, it may be up to three or four hours; you should therefore come prepared for a wait. Some reading material is provided by the day case unit but we appreciate a wait of several hours can be tedious; as such you may wish to bring a book, some work or other material to keep yourself occupied.

After your operation, prior to discharge: Your foot will be heavily bandaged to protect it and reduce the swelling. The gauze bandage which is applied in theatre in a sterile environment will stay on for 2 weeks. There will be no plaster cast. The physiotherapist will issue you with crutches and a special surgical sandal to wear. If you already have either of these, please bring them with you. The crutches are not essential, but as the foot is sore when weight bearing you may find it helpful to use them.

At London Bridge, Lister Hospital, Chelsfield Park or the Sloane Hospital you will be given a waterproof shower cap for your foot, for a charge. It will allow you to shower while keeping the wound and bandages clean and dry. If you wish to obtain one independently Mr Singh suggests the "SEAL-TIGHT cast and bandage protectors". You can source these and others through the internet or via Physiosupplies.com on (+441775 640972). You will need the half leg cover.

The hospital may bill for any incidentals such as the crutches, surgical shoe, shower cap and any medications.

You will be given medications to take home to control the pain. These will be a combination of strong and weak painkillers. A nurse will go through the medications with you, confirming how often and when to take them.

When you feel comfortable and ready you will be allowed to go home. You should have made arrangements to be picked up from the hospital and have someone staying with you at least overnight if you are a day case.

As a day case patient, you can normally go home about 3-5 hours following surgery. As an overnight, patient you will be discharged around 10 am the next day.

What happens after big toe fusion surgery?

The day of your surgery

When you have recovered from the anaesthetic, the physiotherapists will give you crutches and a special sandal. This will allow you to put weight on the back/heel of your foot, but not put the front/ball. This will protect the area that has been operated on. Most patients can go home on the same day as the surgery.

What do I need to do after I go home?

This is a general guide only. Patients will progress and recover from their surgery at different rates. If your surgeon gives you different advice, then you should follow that.

Days 1- 7 after surgery

The local anaesthetic in the joint will start to wear off the day after surgery, so you will need to start taking painkillers. You should keep the foot elevated when not walking or exercising for the first week after the operation. Whenever the foot is put down, it will swell and become sore.

It is normal to see mild bruising and some dry blood on the foot. Your foot and ankle will be heavily bandaged to protect it and to help reduce the swelling. The gauze bandage which is applied in the operating theatre will stay on for two weeks. There will not normally be a plaster cast. By the end of this week the post operative pain will have significantly reduced.

Days 8 - 14 after surgery

Continue to elevate the foot as much as possible, when not mobilising. You may walk short distances within your home or to a car from this week, ensuring you are wearing the special sandal. In week two you can start working from home but you must try and keep the foot elevated. If you have a heavy manual job it will be at least eight weeks, and possibly three months, before you can return to work.

You should not drive, unless surgery was on your left foot and you have an automatic car. If surgery was on your right foot or you have a manual car, it will be six weeks before you can drive. Motor insurance companies vary in their policies, so check with them first.

You will be seen approximately two weeks after your operation in the outpatient clinic. This appointment will be made for you. At this time the wounds will be checked and any stitches removed.

Days 21 - 28 after surgery

You should remove all the remaining wound dressings at home in the bath or shower. Make sure you soak the dressing before removing. You should apply skin emollient such as a vitamin E

moisturiser around the healing wound. Once the wound is completely healed, you should apply the moisturiser over the wound as well.

You may go swimming if the wound is dry and healed.

At this stage, your foot will still be swollen. Do not expect to fit into your normal shoes. You may start wearing a pair of wider, looser fitting shoes. A good option includes trainers, with loosened laces.

6 weeks after surgery

You will have a further appointment to see Mr Singh's in clinic. You may have an x-ray at this appointment to check the bones are healing.

6 - 12 weeks after surgery

Your mobility will continue to improve. Low impact exercise, such as walking, can be started after six weeks. You may start driving again, but check with your insurance company first. Sometimes you will be kept in the special sandal for up to 9 weeks.

3 - 12 months after surgery

Your foot may continue to be swollen for up to a year following this surgery. It may take six months to return to your normal sporting activity level.

What should I do if I have a problem?

If you experience any of the following symptoms, please contact Mr Singh, the ward or your GP:

- **Increasing pain**
- **Increasing redness, swelling or oozing around the wound site**
- **fever (temperature higher than 38°C).**
- **suspect you have DVT (deep vein thrombosis) - symptoms include pain and/or burning in the back of your lower leg. You may also feel unwell and have a temperature**

If, at any time in your post-operative recovery, there is any sign whatsoever of infection, either suspected by you or diagnosed by your GP, please contact your Mr Singh's secretaries at the hospital.

Contact details

If you have any questions or concerns about your surgery; please contact the following:

- Your consultants secretaries Lorna/Elia on:
020 7234 2167
(Mon-Fri, 9am-5pm)
- The clinical nurse specialist/Nurse in charge – London Bridge (bleep 000) Call the hospital switchboard on:
020 7407 3100 and ask for the bleep desk. Ask for bleep 2 and wait for a response. This will connect you to the clinical nurse specialist on call directly.
- Physiotherapy Department London Bridge
020 7234 2500 /2525 fax: 0207 234 2815
(Mon-Fri, 9am-5pm)
- The London Bridge Hospital (2nd Floor, Orthopaedic Ward – open 24 hrs/day) on:
(North Side) - 0207 234 2271
(South Side) - 0207 234 2262
- The Lister Hospital Orthopaedic (Orthopaedic Ward Level 5 – ask for the Duty Sister) on:
020 7730 7733
- The Chelsfield Park Hospital (the orthopaedic ward) on:
01689 877 855
- The Sloane Park Hospital (the orthopaedic ward) on:
0208 466 4000 and ask for the Ward.

Important: If you experience an emergency go to your local accident and emergency department (A&E)

Other Contact numbers

London Bridge Hospital

Please get in touch using the following contact details.

t: 020 7407 3100 **fax:** 020 7 407 3162

w: <http://www.londonbridgehospital.com/>

Pharmacy Medicines Helpline

If you have any questions or concerns about your medicines, please speak to the staff caring for you on the ward

t: 020 7 234 2047/ 2048 or the hospital pharmacy by calling the main hospital number

Monday to Friday 9am to 6:30pm

Saturday 9am to 12:30pm

t: 020 7 407 3100 **fax:** 020 7 234 2040

Pre-Assessment – Orthopaedic Nurse, please get in touch using the following contact details.

t: 020 7234 2271

w: <http://www.londonbridgehospital.com/>

Outpatient Appointments please get in touch using the following contact details. Mr Singh's private Secretaries Lorna/Elia

t: 020 7 234 2167 **fax:** 020 7 234 2030

w: <http://www.londonbridgehospital.com/>

The Lister Hospital

Please get in touch using the following contact details.

t: 020 7 730 7733 **fax:** 020 7824 8867

w: <http://www.thelisterhospital.com/>

Staff Nurse - Outpatients, Pre-Assessment Clinic, please get in touch using the following contact details.

t: 020 7 730 7733 **fax:** 020 7259 0529

w: <http://www.thelisterhospital.com/>

Chelsfield Park Hospital

Please get in touch using the following contact details.

t: 01689 877 855 **fax:** 01689 837 439

w: <http://www.bmihealthcare.co.uk/chelsfield>

Pre-Assessment Clinic – Reservations, get in touch using the

Please get in touch using the following contact details.

t: 01689 877 855 Etn 3030

w: <http://www.bmihealthcare.co.uk/chelsfield>

Outpatients Appointments, get in touch using the

Please get in touch using the following contact details.

t: 01689 885 905 **fax:** 01689 837 439

w: <http://www.bmihealthcare.co.uk/chelsfield>

The Sloane Hospital

Outpatient Appointments please get in touch using the following contact details.

t: 020 7 234 2167 Mr Singh's Secretaries or

t: 020 7 0208 466 4056

w: <http://www.bmihealthcare.co.uk/sloane>

Main Switchboard - Please get in touch using the following contact details.

t: 020 8 466 4000

w: <http://www.bmihealthcare.co.uk/sloane>

The Sloane Hospital

Pre-Assessment Clinic – Barbara, get in touch using the following contact details.

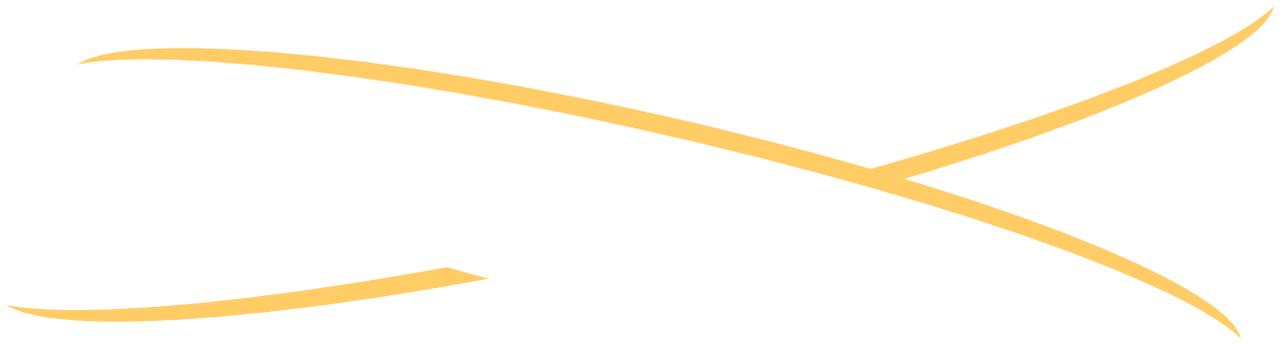
t: 020 8 466 4000 Extn 5009

w: <http://www.bmihealthcare.co.uk/sloane>

Language Support Services

If you need an interpreter or information about your care in a different language or format, please get in touch with our International Department using the following contact details.

t: 020 7 234 2711 **fax:** 020 7 234 2258



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