# Topic

**Painful Prominent/Overlapping Toe**

## Procedure

Partial toe amputation (X1110)

![Phalanges and MTP Joint Diagram]

### Aims of Surgery

To remove the part of the toe which is problematic and/or painful

### Advantages of this Operation

Short procedure and no none healing required

### Specific Risks of this Operation

Adjacent toes may shift into the gap left by the removed portion of toe

## Overview

<table>
<thead>
<tr>
<th>Operation time</th>
<th>Usually between 15 - 30 minutes</th>
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<tbody>
<tr>
<td>Incision placement / stitches</td>
<td>Around the toe at the level of the amputation planned and stitches generally require removal</td>
</tr>
<tr>
<td>Procedure</td>
<td>An incision is made around the affected toe and the troublesome portion of the toe is removed</td>
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<tr>
<td>Fixation</td>
<td>Not required</td>
</tr>
<tr>
<td>Will I have plaster?</td>
<td>No</td>
</tr>
<tr>
<td>Is this a Day Procedure?</td>
<td>Yes, you can usually go home the same day (you will usually be admitted for half a day)</td>
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<tr>
<td>Estimated time off work</td>
<td>Non-manual work approximately 2-4 weeks</td>
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<tr>
<td>Manual work</td>
<td>4-6 weeks</td>
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### Indications for the Procedure

- Over-riding toe secondary to non painful Hallux Valgus (Bunion) deformity
- Unsalvageable toe deformity
- Bone infection of toe
- Difficulty with shoe fit despite wearing sensible footwear

### Alternative Treatments

Manage your symptoms by routine treatment, altering activity levels, using painkillers, changing footwear/ extra-width or special footwear possibly with an in-shoe foot support. (insoles/orthoses or toe splints have not been shown to correct toe deformity). Other surgical options: Forefoot reconstruction i.e. realigning the adjacent toes - allowing the problem toe to be straightened

### General Risks of Surgery

The general risks of foot surgery are outlined in the Pre-operative Information Booklet with which you will have already been provided. YOU SHOULD READ THIS LEAFLET IN CONJUNCTION WITH THE PREOPERATIVE INFORMATION BOOKLET

### More Info By:

1. Speaking with your consultant or one of his team
2. Reading the information provided
Toe Amputation Surgery

The operation can be performed comfortably under a Local Anaesthetic block, which is achieved by either a series of injections around the Ankle, or an injection behind your Knee. You will be fully awake during the operation and will be able to feel touch, pressure and vibration, but you will not feel any pain. If you do not wish to consider having the operation performed whilst still awake, or your Consultant does not feel this is the best option for you, you will be offered Local Anaesthetic with sedation or General Anaesthesia. If this is the case then you may need to be referred to a different surgical team to facilitate this and your consultant will be happy to discuss with you further.

The operation takes about 15-30 minutes although you will be in the Day Surgery unit for some time before the surgery and afterwards, to allow you an opportunity to rest post operatively. You must have a competent adult at home for the first day and night after surgery. This allows us to be sure you will be safe for the first night.

First 2-4 days
- This is the time you are likely to have most pain but you will be given painkillers to help. You must rest completely for 2-4 days.
- You will be able to stand and take weight carefully (using crutches) after the operation, but you must rest, with your feet up, as much as possible.
- You should restrict your walking to going to the bathroom and when getting about use your crutches in the way you will have been shown.
- You can get about a little more after 3 days.

One week after surgery
- You may need to attend for your foot to be checked and re-dressed.
- You may start to do a little more within pain limits. Pain & swelling means you are doing too much.

Two weeks after surgery
- Sutures will be removed if necessary.
- You will not need a bandage or crutches any longer and can get the foot wet.
- You will be asked to start wearing trainer type shoes.

Between 2-6 weeks after surgery
- The foot starts to return to normal and you can return to shoes.
- The foot may still be quite swollen especially at the end of the day.
- You may return to work but may need longer if you have an active job
- 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 normal again.
- There will be less swelling.
- Sport can be considered after 3 months depending on your recovery.

Six 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 full benefit of surgery.

Twelve months after surgery
- The foot has stopped improving with all healing complete.
Please note, if a complication arises, recovery may be delayed.