

Lesser toe deformities

A patient's guide



What are lesser toe deformities?

The 'lesser toes' refer to the 2nd, 3rd, 4th and 5th toes. The lesser toes can develop various deformities. They may be caused by a bunion (hallux valgus) or sometimes they occur on their own. You may have pain directly from them or pain from the pressure of shoes on the deformity. The most common types of deformities which affect the lesser toes are covered below.

Mallet toe



Mallet toe. This condition is caused by one of the tendons in the foot contracting causing the bone at the tip to point downwards.

Hammer toe



Hammer toe. With a hammer toe the first bone is slightly raised, the second bone tilts downwards and the bone at the tip is almost flat - this condition is also caused by one of the tendons in the foot contracting.

Claw toe



Claw toe. A claw toe is caused by one of the tendons in the foot contracting. This gives the appearance of a claw like toe.

In the early stages the toes can be straightened by manual manipulation but usually spring back into the deformity. Over time the joints may stiffen and become permanently deformed.

What are the symptoms?

The toe deformity can cause the toes to rub on shoe wear and become painful. You may also develop painful callosities and corns at the pressure points. The aim of surgery is to correct the toe deformity and relieve the pressure, to provide pain relief.

What are the treatment options?

Not all deformed toes require surgery. Many deformed toes may not cause much pain, or can be managed without surgery, an operation is always a last resort.

The first line of treatment is to alter your footwear and try painkillers. Wider fitting shoes with soft materials create more space for your toes. Occasionally if your deformities are due to collapse of your foot arch then insoles may help. Calluses (hard skin) on or under the toes can be trimmed. Soft pads may help relieve pain from these. Orthotic devices may be able to straighten and pad the toes to prevent pain and rubbing

What are the benefits of surgery?

In cases of severe deformity with chronic pain which has not responded to non-surgical methods, then surgery may be considered to improve pain and symptoms. The aim of surgery is to straighten the toe and relieve pain.

Summary of surgery.

The surgery is usually performed as a day case. It is usually performed under a general anaesthetic. This procedure can also be performed under local anaesthetic.

A cut is made over the deformed joint and the bones are cut to straighten the toe. A wire is passed through the toe to keep it straight. This wire is removed at a later stage in the clinic (usually 4 to 6 weeks). Tendons may also be cut in order to straighten the toe further.

After your surgery

The foot will be dressed and any protruding wires will be covered. You will be given a splint/stiff soled shoe to wear following the operation.

You should keep your foot elevated on a chair/pillow and take regular painkillers.

What are the risks with surgery?

The general risks with surgery include:

- Infection – infections can be treated with antibiotics. Deeper infections which are much rarer may require further surgery.
- Swelling – common after surgery and can take many months to eventually settle down. Sometimes swelling can be permanent.
- Stiffness – the corrected toe joint will be permanently stiff following surgery

- Scarring – some scars can be prominent or dark in colour. This usually fades with time.
- Clots in leg/lung – your risk of clots will be assessed prior to surgery and appropriate treatment/advice will be given.

The specific risks to this surgery include:

- Bones not healing or healed in the wrong position (deformity) – This may result in deformity or the deformity may recur.
- Floating toes – This is where a toe does not rest on the ground fully after surgery. It is often asymptomatic.
- Damage to blood vessels – each toe has two main arteries and great care is taken to protect these during surgery. If both were inadvertently damaged by surgery there is a risk of losing the toe but this is a vanishingly rare complication.
- Chronic regional pain – This is excessive pain after surgery and is a very rare complication.

Advice after surgery

The foot should be strictly elevated for the first 2 weeks to avoid excessive swelling which could compromise the wound. Aim to keep the foot elevated for 55 minutes of every hour

The dressings should not be disturbed unless there is a concern with the wound. At around 2 weeks after surgery, you will return to the clinic to have the bandages and stitches removed. After this the wound can be dressed with a simple light dressing.

If you do not have a wire protruding from the toe you may shower after the stitches have been removed and the wound is fully healed. Keep the wound and surrounding area dry and clean. If a wire is

present the toe will need to be kept dry until it has been removed 4-6 weeks post surgery. The pin site (where the wire enters the end of the toe) should be regularly cleaned – the nurses will show you how to do this.

You are allowed to bear weight in the post op shoe. You may need crutches. The physiotherapist will show you how to use them. You will need to wear the shoe for 4-6 weeks to protect the wires if used. After this time, you can wear flat soled shoes.

It may take several weeks before you can drive. Please check with your insurer.

Going back to work depends on the activity undertaken at work and should be discussed with your surgeon.

Most people go back to recreational walking and light activities approximately 6 weeks after surgery. It may take several months before swelling subsides. This is a normal recovery. Often a full recovery takes much longer than one would expect. If you are slower than these times do not panic, they are only averages, but let your surgeon know when you attend clinic.

If I have any questions or concerns?

These guidelines are to help you understand your operation. This level of detail may cause concern, anxiety, or uncertainty. Please let your doctor or nurse know so that we may address these issues.

We aim to see you back in the clinic at regular intervals to monitor your progress and answer any questions you may have during your recovery.

If there is concern regarding the wound, such as increased redness, pus, discharge, or pain, then seek medical attention either at your GP or nearest Emergency department.

Above all else, please do not proceed with surgery unless you are satisfied and understand all you want to know about the operation.

Further information

There are a number of places that you can look at for further information. These days commonest and easiest way is to look in the internet. You can also ask your surgeon or General Practitioner. Below are a few web sites that you may find useful.

<https://www.bofas.org.uk/patient/patient-information>

Edmund leong
Consultant Orthopaedic Foot and Ankle Surgeon
www.hertfordshirefootandankle.co.uk
info@hertfordshirefootandankle.co.uk