

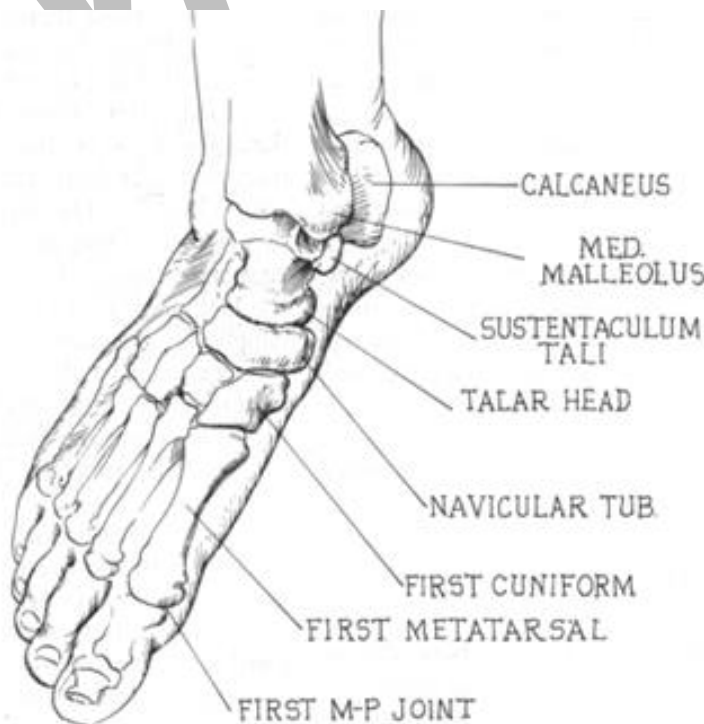
Trauma & Orthopaedics Foot and Ankle Service Information for Patients

Hallux Rigidus (arthritis of the big toe) - information for patients

This leaflet tells you about the condition known as hallux rigidus (arthritis of the big toe). It explains what is involved, and the common complications associated with this condition. It is not meant to replace discussion between you and your doctor, but as a guide to be used in connection to what is discussed with your doctor.

What is hallux rigidus?

Hallux rigidus is arthritis of the main joint of the big toe in the ball of the foot. This joint is called the metatarsophalangeal (MTP) joint. It is an important part of the foot, as the MTP joint has to bend each time you take a step. The condition is called hallux rigidus because its main feature is hallux (big toe) stiffness (rigidus).



In any joint the ends of the bones are covered in cartilage, and damage or wear and tear to this cartilage can cause the bone ends to rub together.

A bone growth (spur) may develop on the top of the bone, preventing the toe from bending as it needs to when you walk.

Hallus Rigidus usually develops in adults over 30 years old but can also develop in early life. It commonly affects people who are very active and play sports. Sometimes only the upper part of the joint is affected, in others the whole joint is worn.

What causes it?

Some people develop this condition due to an injury or other medical problem. In most people there is no definite cause, it just happens. The stress that walking puts on this joint is probably one of the reasons why it commonly wears out.

What are the signs and symptoms?

You may experience stiffness and swelling in the big toe, and will not be able to bend the toe. Pain may be felt when you are walking, sometimes even when you are resting. A bump (like a bunion or callus) can develop on the top of the joint and be visible on the foot.

Information for Patients

How is it diagnosed?

Your doctor will examine your foot, moving the toe around to see how much flexibility there is without pain, and to look for bone spurs. You may be asked to have an X-ray to show any bone spurs and to see how much damage has occurred.

How is it treated?

Initially your doctor may recommend painkillers and anti-inflammatory drugs (if they are safe for you to use) to ease the pain and reduce the swelling. Ice packs can also be used to help reduce the swelling. They will also recommend changes to the style of your footwear to avoid high heels and tight shoes. Shoe inserts may be used to help to lift and separate the bones and reduce pressure.

In severe cases an injection of steroids mixed with local anaesthetic may be given to help to reduce pain and swelling. If none of the above treatments brings relief you may be offered surgery.

What does surgery involve?

There are different types of operation for this condition that are suitable for different people in different circumstances. These options are explained briefly below. Your foot and ankle surgeon will discuss the best option for you, and answer any questions you may have about the chosen procedure. The procedure will only be carried out with your consent, and you will be asked to sign a consent form.

Cheilectomy

Usually recommended when damage is mild or only the upper part of the joint is involved, this procedure involves making an incision in the top of the foot removing any bone spurs and a portion of the foot bone, giving the toe more room to bend.

The toe and foot may remain swollen for months after the operation, and you will have to wear a special sandal for a few weeks after the surgery.

Most people having this procedure have less pain and long term relief. But some people will experience the condition worsening after a while, and may eventually need another operation.

Arthrodesis (fusing the bones)

This procedure involves removing the damaged cartilage and using pins or screws to fix the joint into a permanent position. This removes the painful joint and over time the bones grow together. This operation makes the toe stiffer than before, but it is also the most reliable way to reduce pain in severe cases, with 95% of people experiencing an improvement.

You will have to wear a plaster cast for six weeks after surgery, and will need to use crutches for the following six weeks. This procedure also limits the choice of shoes you can wear, and you may have to wear a shoe with a special sole.

Arthroplasty

This procedure replaces the joint with an artificial joint. This relieves pain, and also retains the mobility of the joint. The artificial joints do wear out, and if this happens the toe can become very inflamed and painful again, making another operation necessary. This means that this procedure is only normally recommended for people who are not physically very active.

Information for Patients

What are the risks associated with this procedure?

This operation produces good results in most cases, however a small number of people who have this procedure may experience one or more of the problems listed:

- Some complications are associated with any surgery i.e. thrombosis (blood clot) and anaesthetic problems.
- Swelling – because your foot is at the bottom of your body fluid tends to collect in the tissues and cause swelling. This may be slow to disappear.
- Infection in the wound, plaster problems and minor damage to the nerves in the toe can occur in any foot surgery. Rarely infection of the bone may occur.

Most problems can be treated with medication or therapy, but on some occasions further surgery may be necessary.

What are the benefits of having this procedure?

The majority of people who have surgery experience an improvement in their condition. The ultimate aim of the surgery is to relieve pain.

What are the alternatives to surgery?

Non surgical treatment methods may already been tried and failed. Your doctor would not have suggested surgery unless they believed it was the best course of treatment. If you are concerned about having the procedure, or have any further queries, please speak to your consultant.

What can I expect after the operation?

If possible the findings of the operation will be discussed with you before you go home, but this is not always possible. The ward staff will tell you any important message from the surgeon, and the findings of the procedure will be discussed in clinic.

There will be some pain, but you will be given medication to control this. To help to prevent swelling after the operation you will need to keep your foot up. If the swelling of the foot or leg worsens when the foot is elevated above heart level you should speak to your doctor.

It is very important that you notify your doctor if you get an increase in pain when you go home, especially if the pain is not controlled by elevating your leg and taking mild painkillers, as this may be the first signs of an infection.

What happens when I go home?

If necessary an outpatient appointment will be made for you to return to clinic. You will be given exercises to do after surgery, and these must be done to help to prevent stiffness.

When you first go home you must spend most of your time resting, with your foot lifted above heart level for at least a fortnight after surgery.

When the foot is lowered you will initially experience swelling, and the foot will throb. As time passes the length of time you can keep your foot down without too much pain will increase, until two or three weeks after surgery when you should be able to keep your foot down most of the time.

Information for Patients

When can I go back to work?

This will depend on the work you do and how you get to work, especially if you have your foot in plaster. If you have a manual job you may be off work for up to three months. Your surgeon will advise you about going back to work.

When can I drive?

Once your plaster has been removed you may be able to resume driving. You must be able to safely make an emergency stop, or your car insurance will not cover you in the event of an accident. Ask your surgeon for advice on when it is safe for you to drive again.

Contact Us:

If you are going to have an operation you may be asked to attend the hospital for a pre-operative assessment. Please ask our staff any questions you may have about your treatment. Alternatively, you can phone the main hospital switchboard on 0121 424 2000 and ask to speak to your consultant's secretary.

Additional Sources of information:

The Society of Chiropractors
53 Welbeck Street
London W1M 7HE
Telephone: 020 7-486 3381
<http://www.feetforlife.org>

Our commitment to confidentiality

We keep personal and clinical information about you to ensure you receive appropriate care and treatment. Everyone working in the NHS has a legal duty to keep information about you confidential.

We will share information with other parts of the NHS to support your healthcare needs, and we will inform your GP of your progress unless you ask us not to. If we need to share information that identifies you with other organisations we will ask for your consent. You can help us by pointing out any information in your records which is wrong or needs updating.

Additional Sources of Information:

Go online and view NHS Choices website for more information about a wide range of health topics <http://www.nhs.uk/Pages/HomePage.aspx>

You may want to visit one of our Health Information Centres located in:

- Main Entrance at Birmingham Heartlands Hospital Tel: 0121 424 2280
 - Treatment Centre at Good Hope Hospital Tel: 0121 424 9946
 - Clinic Entrance Solihull Hospital Tel: 0121 424 5616
- or contact us by email: healthinfo.centre@heartofengland.nhs.uk.

Dear Patient

We welcome your views on what you thought of this patient information leaflet, also any suggestions on how you feel we can improve through our feedback link:

Information for Patients

- Patient Information Feedback email:
patientinformationleafletfeedback@heartofengland.nhs.uk

If you wish to make any other comments this can be done through the links listed below:

- Patient Opinion: www.patientopinion.org.uk
- I want great care: www.iwantgreatcare.org (Here you can leave feedback about your doctor)

Be helpful and respectful: think about what people might want to know about our patient information and this hospital and how your experiences might benefit others. Remember your words must be polite and respectful, and you cannot name individuals on the sites.

If you have any questions you may want to ask about your condition or your treatment or if there is anything you do not understand and you wish to know more about please write them down and your doctor will be more than happy to try and answer them for you.

