

Common toe problems - Information for patients

This leaflet tells you about some common toe problems. It explains what they are, how they may be treated 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 hammer toe?



Hammertoes

Toes become deformed when the pressure on the toe is stronger than their joints can resist.

Hammer toe occurs when one or both joints of the lesser toes bend abnormally, pointing upwards.

This bending puts pressure on the toes when wearing shoes, causing problems to develop.

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In the early stages the affected toe will still be flexible, and can be straightened when pressure is applied to the "bend". As time passes the toe can become permanently bent and rigid. Corns and calluses form and these can become very painful.

What causes it?

People can be born with this condition, but it is usually caused by a muscle and/or tendon imbalance, which leads to a bending of the toe as a result of structural changes that occur in the foot. It can also be or brought about by pressure from adjoining toes caused by arthritis, bunions etc.

Hammer toes are made worse by wearing ill fitting shoes and in some cases inappropriate footwear can contribute to the cause of hammer toe i.e. where a toe is forced into a cramped position when shoes are too tight.

Mallet Toe and Claw Toe

Mallet toes and claw toes look very similar to hammer toes, but different joints in the toe are affected. Mallet toe affects the joint at the end of the toe, and claw toe is indicated by an abnormal position for all three joints of the toe.

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Bone Spur

A bone spur is an overgrowth of bone that may occur alone or along with a hammer toe. Left untreated a bone spur may eventually lead to bursitis (inflammation of small pouches called bursas, which lie above the joint between the tendon and the skin) or ulceration of the skin.

Overlapping and underlapping toes

Any one of the toes can have this condition. Babies are sometimes born with an overlapping or underlapping fifth toe (little toe), and this is easily corrected in children. In adults bunions can cause over or underlapping toes (often the second toe).

What is the treatment?

Any toe problem that causes pain or discomfort while walking should be treated promptly, as ignoring the symptoms can often aggravate the condition. The treatment recommended to you will depend on the severity of the condition.

Initially treatment that does not involve surgery may be considered. This involves trimming any corns and calluses then padding them to prevent them becoming irritated or infected.

You will be advised to wear comfortable, well fitting shoes and to avoid high heels, and you may be given an orthotic device (individually fitted plastic or leather inserts) to put into your shoes. These help to relieve pressure on the affected toe, and allow the toes and major joints of the foot to function more appropriately.

However these treatments will not cure the condition, they will only provide temporary relief. When the condition deteriorates and the toe becomes more rigid surgery is usually recommended.

What does surgery involve?

The most common type of surgery used to correct this condition is called arthroplasty. A small wedge of skin is removed and the toes are positioned properly.

The surgeon may also remove a small piece of bone from the affected joint, and will repair the toe tendons and ligaments.

Another procedure is called arthrodesis, typically used where there are multiple joints or toes involved. It involves fusing the small joint in the toe to straighten it and holding it together using pins while the bones are healing.

Your doctor will discuss the options with you and select the appropriate surgery for your needs.

How long will I be in hospital?

If you are medically fit and have someone who can look after you after the operation then you may be able to have the ankle arthroscopy carried out as “daycase” surgery. This means that the patient is usually able to leave hospital on the same day. If you have other medical problems such as diabetes, high blood pressure or asthma you may have to come into hospital the day before the operation, and stay overnight after surgery.

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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 and minor damage to the nerves in the toe can occur in any foot surgery. Rarely infection of the bone may occur.
- The screw used to fix the bone becomes painful or prominent and needs to be removed

Most problems can be treated, but sometimes the outcome of the procedure is not as well as expected. We would not recommend surgery for cosmetic reasons, and the level of symptoms suffered before surgery must be worth the risk of these complications

What are the benefits of having this procedure?

The majority of people who have this surgery experience an improvement in their condition. The ultimate aim of the surgery is to relieve pain and prevent the bunion from recurring.

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.

When you wake up your foot will be in a bandage. 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?

An outpatient appointment will be made for you to return to clinic after approximately two weeks. You will be given exercises to do after surgery, and these must be done to help to prevent stiffness of the toe.

When you first go home you must spend most of your time resting, with your foot lifted above heart level. 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.

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When can I go back to work?

This will depend on the work you do and how you get to work. Your surgeon will advise you about going back to work.

When can I drive?

You must be able to safely make and 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.

Further 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 below:

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

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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.



Do not
issue to
Patients