

# Having surgery to straighten a toe

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Information for Patients

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## What is wrong with my foot?

Your toe or toes have buckled making one or more of the joints stick up. The joints may rub against shoes and can lead to painful pressure sores, calluses/corns or blisters. If the toe/s have been in this position for a long time, arthritis may also develop.

## Why has this happened?

Buckling of the toes is quite common. There are many causes including pressure from a bunion, being flat footed, having toes that are too long, or wearing shoes that don't fit well.

## Do I need to have an operation?

Try the simple measures below to help ease any pain before considering an operation. If the toe is still uncomfortable despite these measures, then an operation may be recommended.

- Footwear: wear a low heeled, wide fitting shoe with a soft and deep toe box or made to measure shoes
- Podiatry - to remove corns and hard skin and to see if using padding or protection around the sore area helps to ease pain
- Painkillers

## How having an operation can help

Having an operation should reduce the pain or stop it completely. The toe/s should be straighter. You should feel more comfortable when wearing shoes. However, an operation

**Health information and support is available at [www.nhs.uk](http://www.nhs.uk)  
or call 111 for non-emergency medical advice**

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To give feedback about this information sheet, contact [InformationForPatients@uhl-tr.nhs.uk](mailto:InformationForPatients@uhl-tr.nhs.uk)

should only be considered if the pain is severe or constant and is affecting your life and your ability to wear shoes. Do not have an operation for cosmetic reasons.

## What will the operation involve?

There are several options depending on the actual deformity you have, where the pain is, how flexible your toe is, and your general health. The podiatry team will talk to you about which is the best option. Surgery usually involves removing the 'knuckle' of the toe (arthroplasty) or breaking and resetting the toe (arthrodesis). A wire may be placed through the toe to hold it straight whilst it heals. This will be in place for 4 to 6 weeks and removed at your redressing appointment. The foot will be heavily bandaged for a couple of weeks after the operation to protect the wound and control any swelling and bleeding.

## Will I be awake during the operation?

Most operations are carried out under local anaesthetic, which means you will be awake during the operation. This is done using a series of injections at the ankle. Local anaesthetic has a lower risk than general anaesthesia (going to sleep). The anaesthetic takes away pain but not the sensation of touch, temperature and vibration - you will not feel any pain during the operation but you will feel the surgeon touching your foot. The local anaesthetic will wear off approximately 3 to 10 hours after surgery.

In a small number of cases, you and your surgeon may feel that surgery under general anaesthesia is better suited. If this is your case, this option will be discussed with you beforehand and you will also be given a '[Having a general anaesthetic](#)' information leaflet to explain what this involves'. Available on [YourHealth](#) (leaflet 870)

## Can I eat and drink before I come in for my operation?

Most patients will be able to eat, drink and take their regular medicines as normal. However, if you have been told that your surgery will be under general anaesthesia, you should not eat or drink for some time before your operation and anaesthetic to avoid complications. This will depend on what time your operation is planned for – see the 'general anaesthetic' leaflet for eating and drinking instructions. We will tell you if any of your regular medications need to be stopped.

## How successful is the operation?

There are possible risks with all operations. The podiatry team will carry out tests and monitor you to make sure you have the best chance of success. However, you must carefully follow all of the advice and guidance given to you after your operation to get the best results. 80 out of 100 of our patients report to be much better following this surgery.

Complications may occur in about 1 in 20 cases but they can usually be treated and should not result in permanent disability or pain. However, a small number of patients do develop long-term problems or are unhappy with the results. You must be sure that the potential benefits of having this operation outweigh the risks.

## Some possible complications with toe surgery include:

- Joint stiffness in surrounding joints
- The bones may not fuse (knit together) and you may need another operation. The risk of bones not fusing is increased 2.7 times more in smokers compared with non-smokers. Smoking also delays wound healing. We strongly recommend that you stop smoking
- Toes may be weak and /or not touch the ground
- The toe may not be completely straight or may become misshapen again. You may need surgery again if this causes you pain
- Pain under the ball of the foot as a result of a change in foot shape and function
- The wire may become loose or need to be removed early. As the wire holds the toe straight, if the wire is removed early the bones may not heal fully or stay in the right position
- Blood clot in the leg (deep vein thrombosis - DVT) or lung (pulmonary embolism – PE). You will be checked for your DVT and PE risk and given information on how to reduce the risk of getting a blood clot after your operation
- Infections in the wound and minor damage to the nerves of the toe can happen following any foot operation. Infection rates are estimated at less than 1 in 50 of all operations. Usually, these are minor problems that get better quickly. Very rarely, wounds can become more deeply infected and need another operation. Nerve pain may be continue and be worse than the pain before your operation

## What to do if you can't come for operation

You must telephone the Day Surgery Unit staff to let them know if you are unable to come for your operation. Phone numbers can be found at the end of this leaflet. This may be because:

- Your current health status has changed (your operation may need to be delayed)
- You feel/are unwell (such as a cough, cold, high temperature or sickness and diarrhoea) on, or just before your operation date

## What do I need to do before I come in for my operation?

Please note, the Day Surgery Unit will not allow family/ friends to stay with you. Expect to be with us for 2 to 5 hours

- Check your appointment letter to make sure you know what time to arrive and where to go
- Clean under the nails well the day before your operation
- Have a bath or shower on the day of your operation using soap
- Remove jewellery except your wedding ring (if you have one)
- You may bring along a personal music device with headphones but please keep any other valuables to a minimum

- Bring slippers to wear, and a dressing gown if you want to
- Do not remove hair on the foot
- Remove nail polish and false nails
- If you are overweight, smoke or not active, your recovery after surgery may be longer with a greater risk of developing complications. You may want to talk to your GP or health professional to see what you can do before surgery to help with this.

## Why does someone need to stay with me after my operation?

We ask that someone stays with you for at least the first night after your operation. This is for your own safety. Although very rare, it is possible that you may feel unwell or you may fall and need help. If you cannot arrange this, please cancel your appointment. We will arrange another appointment as soon as you have support available.

## Will I need crutches?

Crutches are not normally needed after this surgery

## What will happen in the first 2 weeks after the operation?

- A responsible adult should escort or drive you straight home after your operation. Public transport is not suitable. On the way home, keep your leg/foot up
- Fully rest for 2 days after your operation. Your foot may be quite sore; you will be given painkillers to help with this. You should keep your foot raised above your hip (elevated) to help with any swelling and pain. You may use pillows to support the leg and thigh. If you experience an excessive amount of pain after the anaesthetic wears off, this can be helped by applying an ice pack at the ankle (above the dressing). Apply for 10 minutes and remove for 10 minutes for 3 times. Do this a maximum of 6 times in a 24 hour period
- Do not use ice packs if you have diabetes or no feeling in the foot
- If you continue to have pain and it is 'out of office hours', contact your on-call GP service, call 111 or visit your local Emergency Department. They will need to know what operation you have had and what painkillers you have already taken
- After 2 days, you may walk around for no more than 5 to 10 minutes in every hour. You will still need to strictly rest and keep your foot raised for 14 days after your operation. Please use the trauma shoe whenever you are on your feet (even if you have been given crutches to use). The shoe does not bend and supports your foot and prevents pressure to the wound. You may take the shoe off in bed or when resting with your feet up
- Reduce the risk of blood clots (deep vein thrombosis in the leg or pulmonary embolism in the lung) by HER: Hydrate (drink plenty of water), Elevate (raise) the limb and Rotate (from the ankle joint, use your foot to draw letters of the alphabet in the air - this helps to exercise the calf muscles at the back of the leg). Do not sit with legs crossed
- You must keep the dressings dry. Wet dressings may cause the wound to become infected

- You may get very little pain after your operation. You may think that you can do more than you should. Rest and elevation are essential. Too much walking may cause the foot to become painful and swollen which will delay healing and increase the risk of infection
- You will be seen by a member of the surgical team at 7 to 14 days after your operation for a review. Stitches will be removed at 10 to 14 days following your operation
- Your first appointment will be sent to you and further appointments will be made when you are seen in clinic
- You may find that a form of bed cradle (use a cardboard box) is helpful if the weight of the bedclothes causes a problem to the operated foot

## **Possible complications after your operation**

In the following circumstances, contact the day surgery unit (during normal office hours). If no-one is available then contact your GP/A&E (out of office hours) OR call 111.

**Infection:** Symptoms to look out for include:

- sudden increase in pain
- wound starts to bleed
- increasing redness in the area around your wound
- foul-smelling leakage from your wound
- temperature of 38° C (100.4° F) or more.

**Deep vein thrombosis (DVT) - if you have any of these symptoms you should urgently contact your GP or call 111**

- pain, swelling and tenderness in one or both of your legs (usually your calf)
- a heavy ache or tightness in the affected area
- warm skin in the area of the clot
- red skin, particularly at the back of your leg below the knee
- usually (although not always) affects one leg. The pain may be worse when you bend your foot upward towards your knee.

**Pulmonary embolism (PE) - if you have any of these symptoms you should call 999**

- chest pain or breathlessness– which may come on gradually or suddenly
- chest pain – which may be worse when you breathe in
- sudden collapse

The dressing may become blood stained. If the mark is 5 cms (2 inches) wide or less, there is normally no problem. If you are concerned please contact us. Do not attempt to change the dressing yourself.

## What will happen 2 to 4 weeks after the operation?

- **If you have a wire in your toe:** You will have a bigger protective dressing on until the wire is removed at 4 to 6 weeks after your operation. You must keep your foot dry
- **If there is no wire in your toe:** After the stitches have been removed a thin dressing will be put on to the wound. Keep this on and dry for 7 days. After 7 days, remove the dressing and as long as there is no leakage on it and the wound is closed, you may bathe or shower. Do not soak the foot at first
- Massage a plain, unperfumed moisturising cream into the foot 3 times a day. As the skin becomes stronger, spend some time deeply massaging the operation site as this will greatly help the scar and swelling to settle down. It will also help with circulation and healing. Gently move the bones around the scar up and down to help break up deeper scar tissue
- Introduce a trainer style shoe
- Continue with light duties and listen to your foot. If it aches/swells then you must back off activities, rest and elevate again and use ice packs if necessary
- The recovery period from surgery will vary depending on the specific procedure performed and your body's healing rate. It may take 6 months to fully recover from your operation

## What will happen 4 to 6 weeks after the operation?

- **If you have a wire in your toe:** An appointment will be made for you to have the wire removed in the outpatient clinic. A thin dressing will be put on to the wound. Keep this on and dry for 7 days. After 7 days, remove the dressing and as long as there is no discharge on it and the wound is closed, you may bathe or shower. Do not soak the foot at first
- During this period the foot should start to return to normal. Although the foot should now be more comfortable, there will still be swelling, particularly towards the end of the day. A wider shoe or trainer is often needed. This is normal as feet and legs swell easily.

## 10 weeks after your operation

You will be seen again for a review in the Outpatients department

## 6 months after your operation

You will have a final review with the podiatric surgery team. Any swelling should be slight or may have completely gone and you should be getting the full benefit of the surgery

## When can I drive a car?

You are strongly advised not to drive until you are comfortable walking in a normal street shoe. You must also be confident and able to perform an emergency stop

## When can I return to work?

Most patients can return to work 4 to 6 weeks after the operation. This will depend on the type of work you do as well as what operation you had. If you have a physically active job you may be told to take more time off work. If this is the case, we will organise a sick note for you

## Contact details:

If you have any questions or concerns please do not hesitate to get in contact with the podiatric surgery team (Mon to Fri, 08:30am to 4:30pm).

### Rutland Memorial Hospital

Main reception: 01572 722552 (option 8 for outpatient appointments)

### Melton Mowbray Hospital

Main reception: 01664 854800.

Day surgery unit: 01664 854904

### Loughborough Hospital

Main reception: 01509 611600

Day surgery unit: 01509 564406

### Hinckley & District Hospital

Main reception: 01455 441800

Day surgery unit: 01455 441845

Outpatient appointments: 01455 441876

### Market Harborough Hospital (St Luke's Treatment Centre)

Main reception: 01858 410500

Outpatient appointments: 01858 438135

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على هذه المعلومات بلغةٍ أخرى، الرجاء الاتصال على رقم الهاتف الذي يظهر في الأسفل

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Aby uzyskać informacje w innym języku, proszę zadzwonić pod podany niżej numer telefonu

If you would like this information in another language or format such as EasyRead or Braille, please telephone 0116 250 2959 or email [equality@uhl-tr.nhs.uk](mailto:equality@uhl-tr.nhs.uk)