

Having surgery to remove bone spurs from your big toe

Department of Podiatry Surgery

Information for Patients

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What is wrong with my foot?

Arthritis of the big toe joint is very common. Joint pain and stiffness can occur over a long period of time. It can also develop quickly following injury or even after surgery where the joint was already becoming arthritic. Over time, the joint may feel stiff, due to extra bone building up around the joint. The formation of this bony growth (bone spur) over the main joint of the big toe can cause a bump that presses against your shoe and causes pain. Surgery (a cheilectomy) may be done to remove excess bone from the joint of your big toe.

Why has this happened?

The joint of the big toe takes more weight than any other foot joint when you 'push off' the ground during walking. It is more likely to be affected by 'wear and tear' resulting in arthritis. Having long foot bones (metatarsal) and having flat feet can also affect the development of bony growth.

Do I need to have an operation?

Try the suggestions below to help ease any joint pain before thinking of having an operation. If these do not help and you have been told you have arthritis, having an operation may help you. However, it will not give you an entirely normal foot and the arthritis will not go away.

- footwear– wear soft, wide and well-fitting shoes. A walking shoe/ boot or a trainer style shoe is ideal or a made to measure shoe.
- Podiatry - to look at the way you walk and see if a change in footwear or using padding

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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

around the bump or an insole eases your pain.

- painkillers

How having an operation can help

Having an operation should reduce the pain or stop it completely and you should be able to walk around more easily. You should feel more comfortable when wearing shoes. However, an operation should only be considered if the pain is really bad all the time and is affecting your life or you have difficulty wearing shoes. Do not have an operation to improve the appearance of the toe.

What will the operation involve?

The operation usually involves making a cut over the joint and removing the extra bone that has built up. 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 by having a number of injections at the ankle. Local anaesthetic has a lower risk than general anaesthetic (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 the 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 it is better for you to have your surgery under general anaesthetic. This will be discussed with you beforehand. You will also be given a '[Having a general anaesthetic](https://yourhealth.leicestershospitals.nhs.uk/)' information leaflet to explain what this involves. Available on <https://yourhealth.leicestershospitals.nhs.uk/> (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 are having a general anaesthetic, you should not eat or drink for some time before your operation and anaesthetic to avoid any problems. This will depend on what time your operation is planned for – see the 'general anaesthetic' leaflet for eating and drinking instructions. We will advise you if any of your regular medications need to be stopped.

How successful is the operation?

There are possible risks with all operations. The surgery 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 in order to achieve the best results. 71 out of 100 of our patients report a significant improvement in their symptoms 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 disappointed with the results of surgery. You must be sure that the potential benefits of having this operation outweigh the risks.

Some possible complications with removing bone spurs include:

- Stiffness in the joint
- Damage to nerves in the skin
- The arthritis in the joint may become worse and more painful and you may need another operation
- Loss of sensation, usually temporary though occasionally permanent
- Blood clot in the leg (deep vein thrombosis - DVT) or lung (Pulmonary Embolism – PE). You will be assessed for your DVT and PE risk and given information on how to reduce the risk of getting a blood clot after you operation
- Infections in the wound and minor damage to the nerves of the toe can happen following any foot operation. Infection rates occur in 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 require a further operation. Nerve pain may be ongoing and worse than the pain before your operation

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

You must telephone the Day Surgery Unit staff to let them know if you are unable to attend 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
- Take off 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, you may also wish to bring a dressing gown

- 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 problems. 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 make another appointment as soon as you have the help in place

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 have a lot 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 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', call your on-call GP service, call 111 or visit your local Emergency Department. They will need to know what operation you have had and the 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 above your hip (elevate) 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 therefore 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 (DVT) in the leg or Pulmonary Embolism (PE) in the lung) by **HER**—**H**ydrate (drink plenty of water), **E**levate (raise) the limb and **R**otate (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 for a review at 7 to 14 days after your operation by the team. We will remove the stitches 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 (you can 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 (Mon to Fri, 8:30am to 4:30pm). If no-one is available then contact your GP /Emergency department (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 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 2 inches (5 cms) wide or less, there is normally no problem. If you are worried please contact us. Do not try to change the dressing yourself.

What will happen 2 to 4 weeks after the operation?

- 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 nothing has leaked 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
- Perform the range of movement exercises that were discussed with you at your re-dressing appointment
- 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?

During this period the foot should start to return to normal. Although the foot should now be more comfortable, there will still be some swelling, particularly towards the end of the day. Wearing a wider shoe or trainer is often needed. This is normal as feet and legs can swell.

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 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 competent to perform an emergency stop

When can I return to work?

Most patients can return to work 2 to 4 weeks after the operation. Obviously it 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 advised to take more time off work. If this is the case, we will arrange for 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, 8:30am 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 بلغة 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

Previous reference:

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