

Mr Keith Winters MBChB, FRACS (Orth)

Specialist Orthopaedic Surgeon

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POST-OPERATIVE INSTRUCTIONS FOR LESSER TOE CORRECTIONS

Under no circumstances must the dressings be taken off by anyone other than the surgeon or his staff before your first follow up appointment unless otherwise advised by Mr Winters. If the bandages are removed or even slightly unravelled before your follow up appointment, you will risk infection. You must not get the dressings wet. If you do, please call Mr. Winters' rooms, as you may need to have your dressings reapplied.

If you have pins in your toe(s) you must keep your post-operative shoe on at all times for the first six weeks. This includes when in bed at night. If you have not had pin fixation, you are only required to wear the shoe(s) when weight bearing.

Wound site – you will have dissolvable stitches and steri-strips with a dressing covering the wounds. A padded bandage may be in place. You may also have K wire(s) protruding from the toe(s). If you need to walk, you will take weight through your heel.

It is extremely important to keep the affected foot elevated above groin level as much as possible for the first two weeks following your operation.

This is important to avoid swelling and help wound healing. You will find that when your foot is lowered it will throb and swell. This results in elevated levels of pain. Pain relief will be prescribed after your surgery. The wounds should be kept clean and dry until they are fully healed.

K-Wires – if you have wires in place, these will remain for a total of six weeks. They will be covered with a light protective dressing. The purpose of this dressing is to protect the wound from infection and to prevent the wires from catching on clothing or bed sheets. The pin site(s) will be inspected and cleaned at your follow-up appointment. The area will be redressed and the wires will remain in place for a further four weeks. **It is essential that you keep the wires dry and covered until they are removed and the site(s) are completely healed before you submerge your foot in water.** Mr Winters recommends cleaning the pin sites (after your first follow up appointment) with Dettol and sealing it with a band-aid after showering.

A special shoe – your post-op shoe will be worn for the first six weeks. It is to be worn at all times, including in bed at night. It must be kept clean and dry. A physiotherapist may see you after your surgery to ensure you are able to mobilise with either crutches or a walking frame. You should be able to walk and will be shown how to manage stairs. You can gradually increase your walking distance. You may find a knee scooter quite useful in getting around the house, but this is not essential.

An appointment – you will be given an outpatient appointment approximately 2 weeks following your procedure. The dressings will be removed and your wound site will be inspected at this visit.

Bathing after lesser toe surgery – if you have pins in place, you will not be able to bath the toe(s) until after the pin(s) are removed at the 6-week mark. If you do not have pins in place, you may bath or shower as normal after your first follow up appointment as long as the wounds have healed sufficiently. If you are unsure, please check with Mr Winters at your appointment.

Returning to work – this depends on your individual circumstances and your type of employment. If you have a sedentary type of employment and are able to elevate your affected foot, then you may return to work from two weeks following the surgery but it may take three months for someone to return to a physically demanding job.

Driving – if surgery is undertaken on your left foot and you have an automatic car, you can usually drive at around two weeks following your operation. Otherwise, you should be able to drive after six to eight weeks. You must be able to perform an emergency stop. You should notify your insurance company of the type of procedure that you have undergone to ensure that cover is valid.

Sport - you can usually return to sport between three to six months from the date of operation; recreational walking or light sporting activities may be resumed earlier.

Swelling – this can increase over a 6-week period and then usually reduces over a further 6 weeks. As such, your final result begins 3 months after surgery.

Possible complications of surgery

Modern forefoot surgery has a success rate of more than 90% but, as with all surgery, complications can occur. You should not contemplate surgery for cosmetic reasons only.

Recurrence of deformity – this happens very rarely and further surgery may be required.

Infection – this can sometimes occur in a small percentage of patients. If this is the case, it is possible that further surgery may be required to remove infected bone. Minor infections normally settle after a short course of antibiotics.

Numbness or tingling – this can occur at the surgical site(s) as a result of minor nerve damage. Most often this is temporary, however, numbness or a sensitised area may be permanent.

Non-union – the bones occasionally fail to unite (join). If you smoke, your risk of non-union or major complications are greatly increased. It is essential that you stop smoking before surgery and refrain from smoking until all bones have healed.

Scarring – any type of surgery will leave a scar. Occasionally this can cause pain and irritation.

Stiffness – stiffness and pain in the toe(s) can occur following surgery.

Blood clots – deep vein thrombosis (D.V.T.) or pulmonary embolus (P.E.) are rare. Please inform Mr Winters' team if you have had a D.V.T. or P.E. before or if you have a family history of clotting disorders.

Report severe pain, massive swelling, excessive numbness or pins and needles to your General Practitioner or contact Mr Winters' team.

Exercises to perform after surgery

At first, you'll need to rest your foot to let it heal. Once Mr Winters has cleared you for exercise (usually two weeks after surgery without pin fixation and 6 weeks after surgery with pin fixation), begin with easy exercises like manipulation. This involves using your finger and thumb to just gently move your toe(s) up and down. This is called passive range of motion. You can slowly build this up into active range of motion, which involves moving your toes up and down without assistance.

Alphabet Letters

While lesser toe surgery mostly affects your toes, the inactivity can affect your foot and ankle as well. You can exercise from a seated position to avoid pain and pressure on your foot as you recover. Point your big toe and stretch your legs. Curl the rest of your toes under your foot and use your big toe to slowly write out the letters of the alphabet as you swivel your ankle and flex your foot. Once you're done writing the alphabet, write out different names of people, places and things to practice moving your foot.

Resistance Band

As you become stronger and your recovery progresses, you can add elements to your exercise to help you get a deeper stretch in your ankle and foot. A resistance band can help you exercise from a seated position while giving you the best stretch possible. Loop a resistance band around the arch of your foot or have someone loop it for you. Grip the ends of the resistance band in either hand and use the band to slowly direct your ankle around in different directions. This should not be a painful exercise, so stop if your foot hurts.