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## RHEUMATOID ARTHRITIS OF THE FOREFOOT

### What is Rheumatoid Arthritis?

Rheumatoid Arthritis is an inflammatory condition that can affect any of the joints in the body. It is very common for patients with rheumatoid arthritis to suffer with foot problems. For details of the treatment of the problems with the larger joints, such as the ankle or midfoot joints, please see under either the Ankle Arthritis or Foot Arthritis sections.

### What are the typical problems seen in the forefoot?

The forefoot is a common site for the inflammation of rheumatoid arthritis. This can cause severe symptoms and deformity. These can be divided into problems affecting the big toe and problems affecting the lesser toes.

- Big toe problems – the joints of the big toe, either the metatarsophalangeal joint or interphalangeal joint, can become painfully arthritic. The joint can also become malaligned, either with the big toe deviating outwards, forming a bunion (hallux valgus) or occasionally inwards (hallux varus) – see x-ray, right

- Lesser toe problems – the most disabling problem in the foot presented by patients with rheumatoid arthritis is metatarsalgia. This is pain under the ball of the foot. It is caused by the heads of the metatarsals becoming prominent in the sole of the foot. The typical symptom is a feeling of “walking on pebbles”. In association with this, the toes themselves can become malaligned, usually with hammer toes.



### How is Rheumatoid Arthritis of the forefoot treated?

- Non-surgical treatment – in many patients with Rheumatoid Arthritis, symptoms can be controlled with advanced drug treatment to suppress the disease. The drugs work by suppressing the immune system, thereby slowing the disease process and reducing inflammation and therefore pain. This treatment will be supervised by a Consultant Rheumatologist. As well as drug treatment, we work closely with experienced Chiropodists and Podiatrists who will advise on appropriate footwear which, in the most severe cases, may be custom made for each patient.

- Surgical treatment of big toe problems – in patients with severe disease, we recommend a fusion of the main joint of the big toe (the metatarsophalangeal joint). This stiffens the joint but, if successful, will remove the pain from the joint and correct any malalignment. Usually, the fusion is combined with lesser toe surgery. (see below)

- Surgical treatment of lesser toe problems – in mild cases, it may be possible to perform more conventional lesser toe surgery, as described in the section on lesser toe problems. In the majority of patients with severe rheumatoid arthritis, it is necessary to perform a forefoot arthroplasty (see x-ray, right). In general, this involves an incision on the sole of the foot, through which the prominent heads of the metatarsals are removed. The lesser toes are also corrected and the toes are held in the corrected position with wires that protrude from the toes for four to six weeks.



### What is the recovery like after surgery?

At most, it will be possible to put weight through your heel for six weeks. At two weeks, the wounds are checked in the out-patient clinic and an x-ray taken. You may be in plaster for six weeks or more, depending on the nature of the surgery. It often takes three months or more for swelling to begin to settle and to return to normal function.

### Are there any potential complications of surgery?

There are risks with all surgical procedures. Risks of severe complications are increased in heavy smokers and if high dose immunosuppressing drugs, particularly steroids, are being used. Surgery is performed under a general anaesthetic. With modern techniques, the risk from the anaesthetic itself is now very low. There are also risks of the surgery, which include infection, pain, swelling, stiffness, blood clots, nerve and blood vessel damage and a risk that the surgery may not fully cure the pain. Specific to the fusion is the risk that the fusion will not take – this is known as a non-union. If this is symptomatic, it may require complex surgery to repeat the fusion, often with bone graft taken from the pelvis.