

Lesser Toe Amputation

Following your consultation with a member of the Foot and Ankle team you are considering lesser toe amputation surgery. This leaflet aims to give you additional information about your condition and the treatment. It gives you general details about the recovery from surgery if necessary and the common risks and complications. This leaflet is not for self-diagnosis. Please ask your surgeon if you have any further questions. If anything changes before the operation, please let your surgeon or their secretary know (e.g. skin problems, infections, injuries).

What is it?

Lesser toe amputation is an operation to surgically remove the problematic toe(s).

Why would it be performed?

Deformity can only be corrected using surgery. Although there are several procedures to treat this condition, the clinical team will discuss the various options and the reason for choosing this one (amputation of toe/s). Surgery is usually recommended if you are experiencing pain and footwear limitation / disability along with:

- Prominent toe joints
- Callus and corns to the top side or end of toe. Callus / corn on the ball of foot
- Recurring blisters or ulcers
- Difficulty with shoe fit despite wearing sensible footwear

Surgery can also be indicated for severe painful mallet/hammer/claw toe. You can view the information leaflet 'lesser toe surgery' which includes other options on www.roh.nhs.uk/patient-information/foot-and-ankle

What does the operation involve?

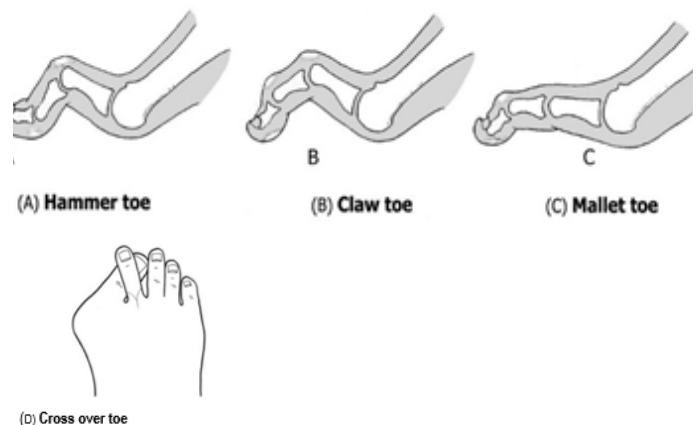
An incision (cut) is made around the toe at the level of the amputation. You will have stitches put in which will remain in place for 2 to 3

weeks. There is no bone healing required. You do not usually need to have a plaster cast. You will have a post-operative shoe and often crutches.

What is lesser toe deformity?

The most common types of deformities which affect the lesser toes are:

- (A) Hammer toe
- (B) Claw toe
- (C) Mallet toe
- (D) Cross over toe



Alternative treatment (non-surgical)

Non-surgical treatment usually focuses on symptom management such as:

- Activity modification
- Correct fitting or accommodative footwear
- Use of protective and cushioning shields, toe splints, strapping and or orthoses / insoles
- Using painkillers

Can this be done as a day case operation?

The operation can be done as a day case if you are medically fit, have someone who can collect you and look after you after the operation and you are comfortable afterwards. However, if you



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have other medical problems such as diabetes, asthma or high blood pressure, you may need to stay overnight after your surgery.

You must stay overnight to avoid complications if there is no one to collect and look after you. If you are having many toes operated on, especially if both feet are involved, you may need to stay in for a day to allow swelling to go down.

You also may need to attend the preoperative assessment clinic 2-6 weeks before your surgery.

This will be discussed with you in clinic when you are offered surgery.

Will I have to go to sleep (have a general anaesthetic)?

The operation can be done under local anaesthetic (awake) or general anaesthetic (asleep). Your anaesthetist will advise you about the best choice of anaesthetic for you. In addition, local anaesthetic may be injected into your leg or foot while you are asleep to reduce the pain after the operation even if you go to sleep for the surgery. You will also be given painkilling tablets as required.

What will happen afterwards?

You must rest completely for 2 to 4 days with your foot elevated just above hip level.

You may be advised to keep the circulation going by gently drawing circles in the air or wiggling your toes.

If you have been given crutches you must use them in the way shown.

You may be able to bear a little weight on the foot carefully using just the heel. You can get about a little more after 3 to 4 days.

You may need to attend for your foot to be checked in 1 week and re-dressed.

You will usually attend clinic 2-3 weeks after the surgery for removal of stitches.

You should no longer need the bandage and you should be able to get around without crutches.

Your foot will still be quite swollen, but you should be able to get a roomy shoe on.

Provided that the wound is healed you should be able to get the foot wet.

You will be advised on a gradual return to activity and may also be advised on scar care.

By the third week, your foot starts to return to normal and you can return to shoes. The foot may still be quite swollen especially at the end of the day. Whilst you can resume normal activity, sport should be avoided until the wound is fully healed. You may return to driving if you can perform an emergency stop. You must check with your insurance company before driving again.

You may be contacted about 3 months later to check all is well. You can arrange to return if you are having any problems.

Please note if a complication arises, recovery may be delayed.

A toe spacer to maintain the position of the remaining toes is recommended, this will be provided.

How long will I be off work?

This will depend on the job you do and the speed of your recovery. We usually recommend 3 to 4 weeks. If in doubt, please discuss this with a member of the team.

Risks / Complications

- Development / deterioration of a bunion
- Crowding / deformity of remaining toes
- Increased pressure to remaining toes



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- COVID-19 infection increases the risk of complications; we recommend you read the separate leaflet about this: www.roh.nhs.uk/patient-information/covid-19-patient-information. If you are in one of the vulnerable groups, you should think very carefully about proceeding with surgery unless it is absolutely necessary
- Nerve damage and pain
- Excess and prolonged pain (Chronic Regional Pain Syndrome - CRPS)
- The wounds usually heal quickly, but occasionally these can bleed, become infected or need antibiotics.

There are general risks with any operation that include blood clots (Deep Vein Thrombosis & Pulmonary Embolism), anaesthetic complications and tourniquet complications.

Wellbeing Advice

Patients that have a healthy diet, regular exercise and refrain from smoking prior to surgery are more likely to experience a quicker and better recovery and may also have a more successful outcome with their surgery.

If you have any concerns about your general health and well-being (diet, exercise, smoking cessation) you are encouraged to discuss this with your GP, who will be able to provide advice on the options available to you.

Further Information

The information regarding complications in this leaflet have been taken from information produced by the British Orthopaedic Foot Surgery Society using audits from all areas of the UK.

The British Orthopaedic Foot Surgery Society web site is available at: www.bofas.org.uk/

Information on your rights and responsibilities.

Available at NHS Constitution:

www.nhs.uk/NHSEngland/aboutnhs/Documents/NHS_Constitution_interactive_9Mar09.pdf

References

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Foot and Ankle Disorders, Saunders, Philadelphia.

If you require this leaflet in another language or format, please contact roh.comms@nhs.net