

Having surgery to straighten a toe

Department of Podiatric Surgery

Information for Patients

Last reviewed: November 2024

Next review: November 2027

Leaflet number: 1114 Version: 2

What is a hammer or claw toe?

Your toe or toes have buckled making 1 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 your toes have been in this position for a long time, you may get arthritis in the toe.

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, injury to the tendons or ligaments or wearing shoes that do not fit well.

Do I need to have surgery?

You may be able to ease your pain without surgery by:

- Changing your footwear. Wearing a low heeled, wide fitting shoe with a soft and deep toe box or made to measure shoes
- Going to see a podiatrist. They can look at the way you walk and remove corns or hard skin. They may advise using padding or protection around the sore area to help ease pain
- Taking painkillers

If your toe is still uncomfortable then surgery may help.

**Health information and support is available at www.nhs.uk
or call 111 for non-emergency medical advice**

Visit www.leicestershospitals.nhs.uk for maps and information about visiting Leicester's Hospitals
To give feedback about this information sheet, contact InformationForPatients@uhl-tr.nhs.uk

How can surgery help?

Having surgery should reduce the pain or stop it completely. Your toe/s should be straighter. You should feel more comfortable when wearing shoes. Only think about surgery if:

- the pain is too much and is affecting your life.
- you are not able to wear shoes or you are getting sores from your shoes rubbing.

Do not have surgery for cosmetic reasons.

What will the surgery involve?

There are many ways to treat toe deformity. This depends on where the pain is, how flexible your toe is, and your general health. The surgery team will talk to you about which is the best option for you. 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 will be removed at your redressing appointment. Your foot will be heavily bandaged for a few weeks after surgery. This is to protect the wound and control any swelling and bleeding.

Will I be awake during surgery?

Most surgeries are done under local anaesthetic. This means you will be awake during surgery. You will have a few injections in your toe or ankle. Local anaesthetic has a lower risk than general anaesthesia (going to sleep). The anaesthetic takes away pain but not the feeling of touch, temperature and vibration. You should not feel any pain during surgery. You will feel the surgeon touching your foot. The local anaesthetic will wear off about 3 to 10 hours after surgery.

In some cases, you and your surgeon may feel that it is better for you to have surgery under general anaesthetic. This will be discussed with you before your surgery. You will also get information leaflet 870: '[Having a general anaesthetic](#)' to explain what this involves. This is also available on [YourHealth](#) at <https://yourhealth.leicestershospitals.nhs.uk/>

Can I eat and drink before I come in for my surgery?

Most patients will be able to eat, drink and take their regular medicines as normal. But, if you have been told that your surgery will be under general anaesthesia, you should not eat or drink for some time before your surgery and anaesthetic to avoid problems. This will depend on what time your surgery is booked. The 'general anaesthetic' leaflet has information about eating and drinking. We will tell you if any of your regular medications need to be stopped.

How successful is the surgery?

There are possible risks with all surgeries. The podiatric surgery team will do tests and checks. This is to make sure you have the best chance of success. The team will also give you advice and guidance after your surgery. To get the best results, carefully follow all the advice and guidance that you are given.

- 80 out of 100 of our patients report to be much better following this surgery.
- About 1 in 20 patients may have problems, but they can usually be treated. They should not cause permanent disability or pain.
- A small number of patients can have long-term problems or are not happy with the results of surgery. You must be sure that the benefits of this treatment are greater than the risks.

Some possible complications with toe surgery include:

- Joint stiffness in surrounding joints
- Your bones may not heal (fuse together) and you may need another surgery. Smokers are 2.7 times more likely to have a bone fusion failure than non-smokers. Smoking also delays wound healing. We strongly recommend that you stop smoking 4 weeks before and after your surgery date.
- Your toes may be weak and /or not touch the ground.
- Your toe may not be completely straight or may become misshapen again. You may need surgery again if this causes you pain.
- You may get pain under the ball of your 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 it 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). We will check what your DVT and PE risk is and give you information on how to reduce the risk of getting a blood clot after your operation. Leaflet 338 and 339 are available on YourHealth at <https://yourhealth.leicestershospitals.nhs.uk/>
- Infections in the wound and minor damage to the nerves of the toe can happen after any foot surgery. Infections happen in less than 1 in 50 surgeries. Usually, these are minor problems that get better quickly. Very rarely, wounds can become more deeply infected and need surgery. Nerve pain may be ongoing and worse than the pain before surgery.

What to do if you cannot come for surgery

If you cannot come for your surgery, call the day surgery unit staff and let them know. You can find the phone numbers at the end of this leaflet.

Your reasons could be as follows:

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

What do I need to do before I come in for surgery?

Please be aware that you cannot have family or friends stay with you in the day surgery unit. You will need to be in the unit for 2 to 5 hours.

- Check your appointment letter to make sure you know what time to arrive and where to go.
- Have a bath or shower on the day of your surgery using soap. This will reduce the risk of infection.
- Take off jewellery except your wedding ring (if you have one).
- You may bring a personal music device with headphones. Please do not carry too many extra items.
- 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. Clean under your nails the day before your surgery

If you smoke, are overweight, or not active, you may take longer to heal after surgery. You may be at greater risk of having problems. Talk with 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 surgery?

A responsible adult should drive you straight home after your surgery. Public transport is not suitable. On the way home, keep your leg and foot up.

For your own safety, ask someone to stay with you for the first night after your surgery. It is rare but, it is possible that you may feel unwell or you may fall and need help. If you cannot set this up, please cancel your appointment. We will book 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 1 to 2 weeks after the surgery?

- fully rest for 2 days after your surgery. Your foot may be quite sore. You should keep your foot raised above your hip (elevated) to help with any swelling and pain. You may use pillows to support your leg and thigh.
- if you have a lot of pain after the anaesthetic wears off, put an ice pack on your ankle to help with this. Do this for 10 minutes and remove for 10 minutes 3 times, up to 6 times in a day (24 hours).
- do not use ice packs if you have diabetes or no feeling in your foot.
- if the pain gets worse and it is 'after office hours', call your on-call GP service, dial 111 or go to your local Emergency Department. They will need to know what surgery 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 rest and raise your foot for 14 days after your surgery. Please use the trauma shoe whenever you are on your feet. The shoe does not bend. It keeps your foot supported

and keeps pressure off the wound. When you are sleeping or relaxing with your feet up, you may take the shoe off.

- 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 your 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 surgery. 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.
- a member of the surgical team will see you 7 to 14 days after your surgery for a review.
- your stitches will be removed 10 to 14 days after your surgery.
- your first appointment will be sent to you. 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 surgery

If you get any of the symptoms listed below call the day surgery unit (Monday to Friday, 8.30am to 4.30pm). If no one is available, contact your GP or Emergency Department (out of office hours), or call 111

Infection: Symptoms to look out for include:

- sudden increase in pain
- wound starts to bleed
- more redness in the area around your wound
- foul-smelling discharge 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 1 or both of your legs (usually your calf).
- a heavy ache or tightness in back of your leg
- warm skin on the back of your leg
- red skin, particularly at the back of your leg below the knee.
- usually (although not always) affects 1 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 slowly 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 there is normally no problem. If you are concerned please contact us. Do not try to change the dressing yourself.

What will happen 2 to 4 weeks after the surgery?

- **If you have a wire in your toe:** You will have a bigger protective dressing on until the wire is removed 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 discharge on it and the wound is closed, you may bathe or shower. Do not soak the foot until scabs have fallen off. Contact us if the wound starts to discharge
- Massage a plain, unperfumed moisturising cream into your foot 3 times a day. As the skin becomes stronger, spend some time deeply massaging the operation site. This will help the scar and swelling to settle down. It will also help with blood flow (circulation) and healing.
- You can start wearing a trainer style shoe. This type of shoe gives the best support and protection to your foot especially if it is swollen
- You can do light activities. This means 10-15 minutes activity at a time, resting in between. If your foot aches or swells then you must stop doing activities. Rest and raise your foot again and use ice packs if needed.
- How long it takes you to heal from surgery depends on the treatment you had and how quickly your body heals. It may take 6 months to heal fully from your surgery.

What will happen 4 to 6 weeks after the surgery?

- **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 until the scab has fallen off
- During this period your foot should start to return to normal. Although your foot should now be more comfortable, there will still be swelling. You may notice this more towards the end of the day. A wider shoe or trainer is often needed. This is normal as feet and legs swell easily. Contact us if the wound starts to discharge

10 weeks after surgery

You will come back for a review in the Outpatients department

6 months after surgery

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

When can I drive a car?

Do not drive until you are comfortable walking in a normal street shoe, and your stitches have been removed. You must also be confident and able to do an emergency stop.

When can I return to work?

Most patients can return to work 4 to 6 weeks after surgery. 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 arrange a sick note for you.

Who is responsible for my care?

Your treatment or surgery will be done by a podiatric surgeon. This is a fellow of the faculty of surgery (College of Podiatry). Podiatric surgeons are not registered medical doctors (medical practitioners). They are non-medical specialists in the surgical and non-surgical management of problems of the foot and ankle. They are registered with the Health and Care Professions Council (HCPC).

Titles: The podiatric surgery team may have different professionals involved in your surgery. The common titles are explained below.

Podiatrist:

- has a 3 year degree in podiatric medicine. They will be registered with the Health and Care Professions Council (HCPC)
- are independent clinicians, qualified to diagnose and treat foot and ankle problems
- may specialise in particular areas of work such as, the care of the diabetic patient or sports medicine

Podiatric surgeon:

- is a podiatrist that has trained only in the surgical and non surgical treatment of the foot and ankle
- is not registered with the GMC as they are not medically qualified
- is registered with the Health and Care Professions Council (HCPC). You can check your professional is registered with the HCPC.

Consultant podiatric surgeon:

After some years of practice within a Health Service Department of Podiatric surgery, a podiatric surgeon may be appointed as a consultant. This means they are the lead clinician appointed by an NHS Trust to provide a podiatric surgery service.

**Are podiatric surgeons the same as orthopaedic surgeons?**

Podiatric surgeons are not the same as orthopaedic surgeons but they do **similar foot operations**.

Orthopaedic surgeons:

- completed a medicine degree and are Doctors
- then went for further training in the management of bone and joint conditions which affect the whole body. Some go on to have specialist training in one area of the body for example the foot and ankle.

For more information please go to: <https://rcpod.org.uk/podiatric-surgery>

Contact details:

If you have any questions or concerns please get in contact with the podiatric surgery team (Mon to Fri, 08:30am to 4:30pm).

Rutland Memorial Hospital

Main reception: 01572 722000 (option 8 for outpatient appointments)

Melton Mowbray Hospital:

Main reception: 01664 854800 Day surgery unit: 01664 854904 Outpatients: 01664 800154

Loughborough Hospital

Main reception: 01509 611600 Day surgery unit: 01509 564406 Outpatients: 01509 564355

Hinckley & District Hospital

Main reception: 01455 441800 Outpatient appointments: 01455 441918

Market Harborough Hospital (St Luke's Treatment Centre)

Main reception: 01858 410500 Outpatient appointments: 01858 438135

اگر آپ کو یہ معلومات کسی اور زبان میں درکار ہیں، تو براہ کرم مندرجہ ذیل نمبر پر ٹیلی فون کریں۔
على هذه المعلومات بلغةٍ أخرى، الرجاء الاتصال على رقم الهاتف الذي يظهر في الأسفل
જો તમને અન્ય ભાષામાં આ માહિતી જોઈતી હોય, તો નીચે આપેલ નંબર પર કૃપા કરી ટેલિફોન કરો

ਜੇ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਭਾਸ਼ਾ ਵਿਚ ਚਾਹੁੰਦੇ ਹੋ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਹੇਠਾਂ ਦਿੱਤੇ ਗਏ ਨੰਬਰ 'ਤੇ ਟੈਲੀਫੋਨ ਕਰੋ।

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

Previous reference:

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