

Patient Information

## Trauma and Orthopaedics

# Lesser toe deformities

This leaflet gives you information on the problems you may have with your lesser toes.

It has sections on:

- the lesser toe deformities
- what you should know about them
- your treatment options

This leaflet is not a substitute for professional healthcare advice. It should be used along with verbal information given by your doctor.

### What are lesser toes?

The lesser toes are toes other than your big toe. Lesser toes can develop deformities which can affect their shape and cause discomfort.

### What are common deformities of the lesser toes?

Normally, the 3 bones in the toe should form a straight line.

The deformities on the next page are caused by toe tendons tightening, followed by the joint tightening.



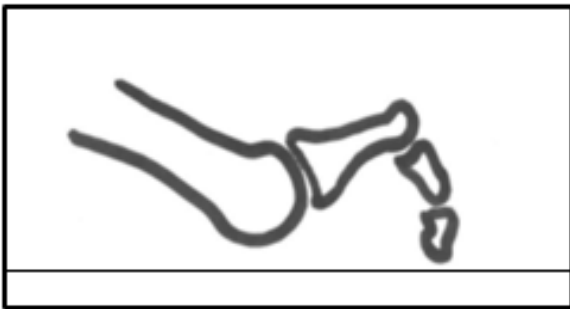
## Patient Information

### Hammer toe



With a hammer toe, the 1st bone is slightly raised, the 2nd bone tilts downwards and the bone at the tip is almost flat.

### Claw toe



The 1st bone is raised and the 2nd two bones point downwards.

### Mallet toe



The 1st two bones are straight and the bone at the tip is pointing downwards.

## **What are the symptoms?**

Deformities of your lesser toes can cause:

- pain under the ball of your foot
- corns on the top of your toes
- pain under the tip of your toe
- redness and thickened skin (this can occur due to footwear rubbing)

Occasionally, an ulcer or wound may develop at pressure areas.

These deformities can happen due to a bunion or on their own.

The second toe is the most commonly affected.

## **What are the treatment options?**

### **Non-surgical treatment**

One of the most important things you can do to help is to wear the right footwear. You should try wide shoes with a high toe box.

Padding over pressure areas, toe separators and insoles can be used in your shoes.

You can take painkillers, such as paracetamol or ibuprofen, to help relieve the pain and swelling in your toes.

### **Surgical treatment**

If you do not gain relief with non-surgical treatment, surgery can be considered.

Surgical treatment involves releasing or lengthening the tendons and ligaments. The aim is to shorten the bone and stiffen the joint (joint fusion) to achieve a straight toe.

### **During surgery**

In the operating room, a tourniquet (like a blood pressure cuff) is inflated around your leg to prevent bleeding.

## Patient Information

An incision (cut) is made at the base of your toe to lengthen the tendons and bring the toe down.

A small cut is then made over the "bent joint". A small piece of bone is removed to allow the joint to be straightened.

The toe is usually splinted using a fine wire which is brought through the tip of the toe.

At the end of surgery, your wounds are stitched. The stitches are usually dissolvable.

A bulky dressing is applied and you will be provided with a special shoe afterwards.

The wire should be removed around 6 to 8 weeks after surgery in the outpatient clinic. Removing the wire is relatively painless and does not require anaesthetic.

Partial or total amputation of the toe may be considered in ulcers that have not healed despite treatment or infection. However, this is rare in modern foot surgery.

### **What will my foot look like with wires in when I return to clinic?**



This picture shows the incision and wires 6 weeks after surgery.

## Patient Information

At 2 to 4 months after surgery it is reasonable to expect to have a straight, stiff toe.

The most important thing is to have toes comfortable within a shoe and free of corns.

### **Smoking advice**

It is important that you give up smoking for at least 8 weeks before your surgery and up to 4 months afterwards.

Evidence shows that people who smoke take longer for their bone to heal.

If you smoke, you are 4 times more likely to develop non-union of the bone (bone not healing). You can get help from your GP or a stop smoking helpline.

### **What can I expect after surgery?**

#### **Swelling**

It is normal for your foot to swell after surgery.

It may take from 2 to 4 months for the swelling to go down. This depends on your general health and activity level. It is important to raise your foot above your groin in the early stages after surgery.

#### **Pain**

It is usually painful for the first week after surgery. As the bone healing process progresses the pain and swelling should improve.

#### **Bleeding**

After surgery the wounds can bleed. If this happens, please contact the team looking after you (not your GP). They will invite you back to clinic for a wound assessment.

If the wounds bleed in the evening or weekend, please attend A&E if you are concerned.

## Patient Information

### **Scarring**

All surgery will leave a scar. These can sometimes be sensitive.

It is recommended to massage the scar with E45 cream or Bio Oil from 3 weeks after surgery.

### **Stiffness**

The deformed toe is corrected by stiffening up the toe joint. You are expected to have permanent stiffness at that joint.

The stiff, straight toe will not affect your day-to-day function, except in high performance athletes or dancers.

## **Post-operative advice**

### **Wound care/dressing**

The foot and ankle will be in a bulky bandage. This should remain in place until your next outpatient appointment. The appointment is usually 2 weeks after surgery at a nurse-led clinic.

If you have fine wires in your toes, these are usually removed in clinic 6 weeks after your surgery.

You will be supplied with a special post-operative shoe to help you with walking. This may be a heel weight bearing sandal or a flat foot sandal. This depends on the surgical procedure performed.

### **Elevation**

It is important to keep the foot that has had surgery raised above your groin level. Do this as much as possible for the first 2 weeks after your surgery.

For 2 days after surgery, your foot needs to be raised for 55 minutes out of every hour.

The time your foot needs to be raised is reduced by 5 minutes per hour every day (for example, 50 minutes on day 3, and 45 minutes on day 4). This should help to reduce your foot swelling, reduce pain and support better wound healing.

## Patient Information

### **Pain relief**

Painkillers are recommended to be taken regularly during the first week of surgery. These will be supplied to you before you leave hospital.

### **Exercises**

The physiotherapist will assess your walking and provide crutches if needed before you leave hospital. You will be instructed on how to move your affected foot and ankle depending on the surgery that you have had.

We encourage you to move around and walk if comfortable.

### **Does the surgery have any complications?**

Modern small toe surgery is usually successful at improving pain and deformity. But complications can happen.

You should not consider having surgery for cosmetic reasons.

### **Infection**

This occurs in a small number of patients. Minor infections usually settle after a short course of antibiotics.

Deep infection happens in less than 1% of patients. If this happens, you may need further surgery to resolve the infection. You will also be prescribed a prolonged course of antibiotics.

### **Numbness and tingling**

This can occur around the wound because of minor nerve damage. Numbness or sensitive areas usually settle. But occasionally this may be permanent.

### **Malunion**

This is healing of bones in the wrong position. This happens rarely, but further surgery may be required if it causes you problems.

## Patient Information

### **Non-union**

This is non-healing of the bones. In 1 in 3 cases, the joint/bones heal with thick scar tissue, rather than a true bony connection, which can still give a good outcome and is painless. However, 1 in 100 people could have a painful area of non-union.

### **Blood clots**

Deep vein thrombosis (DVT) or a pulmonary embolism (PE) is rare. All patients will complete a risk assessment for their chance of developing a blood clot and preventive injections are usually given.

### **Chronic regional pain syndrome (CRPS)**

A small number of patients may experience CRPS.

This is a chronic condition, causing severe pain, swelling and changes to the skin which last beyond the first few weeks after surgery.

CRPS is treated with physiotherapy and painkillers.

### **Loss of toes**

In rare cases due to poor circulation, you may lose a toe after surgery.

### **Follow up appointments**

You will be given an outpatient appointment for 2 weeks after surgery.

At this appointment, our clinical nurse specialists or specialist physiotherapist will remove the dressings and inspect your wound. You will be given information on how to care for your wound, and exercises.

A further appointment will be made 6 weeks after your surgery to check your progress and remove the wires. You are encouraged to take painkillers on the day of wire removal.



## Patient Information

### Returning to work

This depends on your circumstances and your type of employment.

If you have a sedentary job (you sit down for most of the time) and can raise your affected foot, you may return to work from 2 to 3 weeks after surgery.

If you have a more physically demanding job, it may take up to 2 to 3 months to return to work. However, most people return to work after 6 weeks.

### Driving

If surgery is on your **left foot** and you have an automatic car, you can start driving at around 3 weeks after the operation. Otherwise, you may be able to drive from 6 to 8 weeks.

You need to do a test drive to make sure you can perform an emergency stop.

You should tell your insurance company the type of procedure that you have had. This is to check that your insurance cover is valid.

### Sport

You can usually return to sporting activities between 3 to 6 months after your operation. Lighter sporting activities may be restarted earlier.

### Contact details

If you have any questions or concerns about, please contact the following:

Consultants' secretary (Monday – Friday, 8am – 4.30pm)

- Mr Dhukaram – Jas Viridi 024 7696 5095
- Mrs Chapman – Sophie Carvell/Amber Jolliffe 024 7696 7117
- Mr Ali – Claire Merrall 024 7696 5073

Further information on toe pain can be found on [www.nhs.uk](http://www.nhs.uk)

## Patient Information

The Trust has access to interpreting and translation services. If you need this information in another language or format, contact 024 7696 5095 and we will do our best to meet your needs.

The Trust operates a smoke free policy.

### Did we get it right?

We would like you to tell us what you think about our services. This helps us make further improvements and recognise members of staff who provide a good service.

Have your say. Scan the QR code or visit:

[www.uhcw.nhs.uk/feedback](http://www.uhcw.nhs.uk/feedback)



#### Document History

Department:	Trauma and Orthopaedics
Contact:	25095
Updated:	June 2023
Review:	June 2026
Version:	1
Reference:	HIC/LFT/2692/23