

HALLUX RIGIDUS (STIFF BIG TOE) - POSTOPERATIVE INSTRUCTIONS

The hallux is the scientific name for the big toe. The big toe joint that connects the head of the first foot bone (metatarsal) with the base of the first toe bone (proximal phalanx) is called the first metatarsophalangeal (MTP) joint. In the MTP joint, as in any joint, the ends of the bones are covered by articular cartilage.

Hallux rigidus is a condition in which the big toe is affected by arthritis, a common disorder that affects the articular cartilage and the adjacent bones. When the articular cartilage is damaged, whether due to traumatic or non-traumatic conditions, the patient may experience pain, stiffness, and limited function of the foot. Surgery may be indicated if your quality of life is affected by pain and/or limited foot function.

SURGICAL PROCEDURE

Surgery aims to improve the pain and function of the foot. Most of the surgeries are outpatient procedures, meaning you can go home the same day as the surgery.

The surgeon will decide the type of operation based on your case. Several different techniques can be performed. The surgery involves soft tissue and bone procedures. It may require an osteotomy (bone cut) and bone repositioning, a cheilectomy (bone spurs removal), and/or an arthrodesis (joint fusion). Implant materials such as metal plates, screws and wires may be used. Occasionally an implant to cushion the joint is used. The surgery usually lasts 1 to 2 hours.

First MTP joint fusion is one of the most commonly performed operations.

The surgical procedure is done under regional anesthesia meaning you will be frozen below the knee. You may receive a nerve block and light sedation. This will be decided between you and the anesthesiologist before surgery.

RECOVERY - FIRST MTP JOINT FUSION

Patients who have had surgery usually experience significant pain relief and are better able to participate in everyday activities. You will be heel weight-bearing for the first 6 weeks. After 2 weeks, you will start ankle range of motion (ROM) exercises. Patients usually return to their usual activities around 3 months after surgery.

POSTOPERATIVE CARE - FIRST MTP JOINT FUSION

HOSPITAL STAY

After the procedure you will be taken to the recovery area. The nerve block will still be working so your foot will be numb (more information in following sections). You will notice a large dressing over the foot, and you will be wearing a walker/fracture boot. Medical staff will monitor your vital signs, pain level, and the need for medications. You may be given antibiotics and pain medication. It also may be prescribed medicine to prevent blood clots.

Most patients will be ready for discharge a few hours after the operation.

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AT HOME: ACTIVITY/ SELF-CARE

- You will be heel weight bearing and you are encouraged to use an assistive device such as a walker, crutches, wheelchair or knee scooter.
- You should only walk short distances, such as going to the bathroom and back to your bedroom or living room for the first 2 weeks after surgery.
- You will be wearing a short walker/fracture boot for the first 6-8 weeks for any walking or standing.
- It's okay to remove the boot to take a shower and mobilize the ankle, and while you are at rest or in bed.
- Your foot and ankle may be swollen after surgery. You are strongly encouraged to elevate and move your foot and ankle several times a day to reduce swelling.
- When lying down, elevation is achieved by placing pillows under the entire lower limb from the heel to the thigh. The heel should be higher than the knee and the knee higher than the hip. A slight bend at your knee is allowed.
- Getting dressed - first, put clothes on the operative side.
- Undressing - first, remove clothes from the non-operative side.

PAIN MANAGEMENT

- Medication, limb elevation, ice therapy and rest are essential in pain management.
- The usual regimen we use is a combination of acetaminophen and narcotics.
- Taking your pain medicine as prescribed by your surgeon regularly will help you manage your pain more effectively, even if you are in mild pain.
- Strong painkiller (hydromorphone, codeine, oxycodone, etc) has been prescribed, so don't wait until the pain is severe. Use strictly as prescribed by your doctor. Do not take an extra dose.
- In case of remaining pills, you should return them to the pharmacy. If it is not possible to do that, it is recommended to take medications out of the container, mix them with unpalatable substances, such as used coffee grounds, dirt or kitty litter, sealing in a plastic bag, and throwing in the trash.
- **IF HAVING A NERVE BLOCK: it is important to start taking regular pain medication before the nerve block wears off (see the Nerve Block HANDOUT for more information).**

WOUND CARE/ SHOWER

- You should keep the bandage in place for the first 2 weeks after surgery.
- You can shower, but you must keep your dressings dry and covered. Waterproof bandages work well for this purpose.
- It is safe to remove the walker/fracture boot for bathing. A large plastic bag can be used to keep the dressing dry. You can also purchase a leg cast shower protector.
- If non-absorbable sutures or staples are used, they will be removed at the 2-week postoperative visit.

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WEIGHT BEARING

- After the surgical procedure you will be heel weight-bearing as tolerated for 6 weeks, and you may use an walking device (crutches, walker, wheelchair, knee scooter) for your comfort.
- Avoid long-distance walking for the first 2 weeks, even if you think you can do it without pain.

COLD THERAPY (ICE THERAPY)

- **DO NOT** use cold therapy if your nerve block is still in effect. You should wait until your function and normal sensation have returned (**IF HAVING A NERVE BLOCK**).
- The ice pack must be large enough to cover the front area of the foot/ankle.
- You could apply ice for up to 15-20 minutes, remove it for an hour and repeat the application 6 to 8 times a day, always with one-hour intervals. Remember that you must put a thin towel between the ice/ice pack and your skin.
- If you are using a CRYO THERAPY UNIT please follow the manufacturer's directions.
- **DO NOT SLEEP WITH ICE.**

PHYSIOTHERAPY

- Physiotherapy will begin after your first follow-up with your surgeon.
- Our goal is to improve your ankle mobility and strengthen the leg muscles.
- In the meantime, you are encouraged to move your foot and ankle 4-5 times per day, at least 5-10 minutes at a time.
- You will follow a rehabilitation protocol based on your surgery and special needs.
- At **Footbridge Clinic** we have a **Physiotherapy team** that is used to our **protocols** and will instruct you from the pre-operative period until the end of your rehabilitation. If you already have a physiotherapist, you should contact them so that you can book your appointment.

NERVE BLOCK

- A nerve block can last anywhere from a few hours to over 36 hours, but usually this is between 12-24 hours.
- Once the nerve block begins to wear off the weakness starts to improve and you may experience pain or a tingling sensation. At that time consider taking your pain medicine. Do not wait until the pain gets strong to take the medication.
- If you still feel numb at bedtime on the night of surgery, your nerve block could wear off in the middle of the night. It is recommended to take your pain medication before going to sleep, even if you have no pain or discomfort, so that you won't wake up in severe pain.
- **Do not use cold therapy if your nerve block is still in effect. You should wait until your function and normal sensation have returned.**

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DRIVING

- You should not drive until you have normal function of the foot/ankle and you are cleared by your doctor.
- Avoid driving if you still need to wear a walking boot.

BLOOD THINNERS

- During your hospital stay may be given to you oral or injectable blood thinners but you may not need them after hospital discharge. Follow your doctor's prescription.

RISKS and COMPLICATIONS

Despite having a high success rate, complications can occur. Some complications may require follow-up operations.

- Infection
- Non-union/ malunion
- Wound-healing problems
- Stiffness in neighboring joints
- Numbness or tingling lasting weeks to months
- Nerve, blood vessel damage
- Loosening or wearing out of the artificial components (if used)
- Other: depending on your medical condition

It is common to have swelling and bruising around the wounds. The bruising changes colour over time from red to yellow or green.

Contact Footbridge **Wound Care Resource line: 778-945-6756, Ext 8** if:

- Pain on your CALF, BACK OF KNEE, THIGH or GROIN.
- Increased swelling on the operated thigh, knee or leg.
- Body temperature above 38 Celsius/101 Fahrenheit.
- Increased warmth, redness, and swelling around the wound.
- Increased fluid leaking from the wound.

CALL 911 if:

- You have trouble breathing.
- You have chest pain.
- Anyone noticed that you lost consciousness.