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Lesser toes

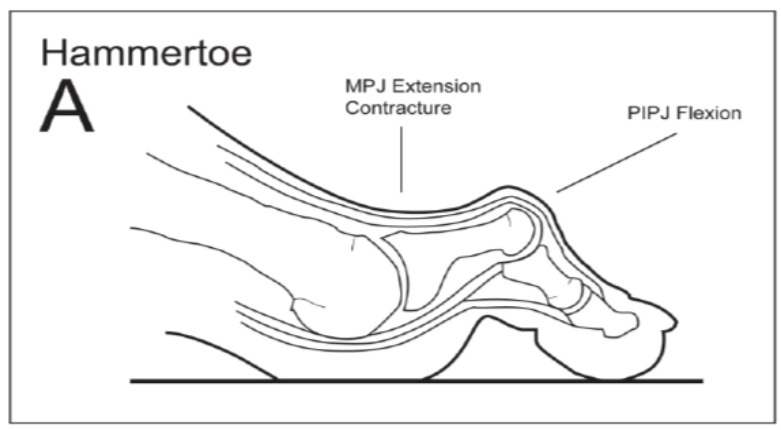
What are the lesser toes?

The lesser toes are those other than your big toes; they can develop a range of deformities which can affect their shape and cause discomfort.

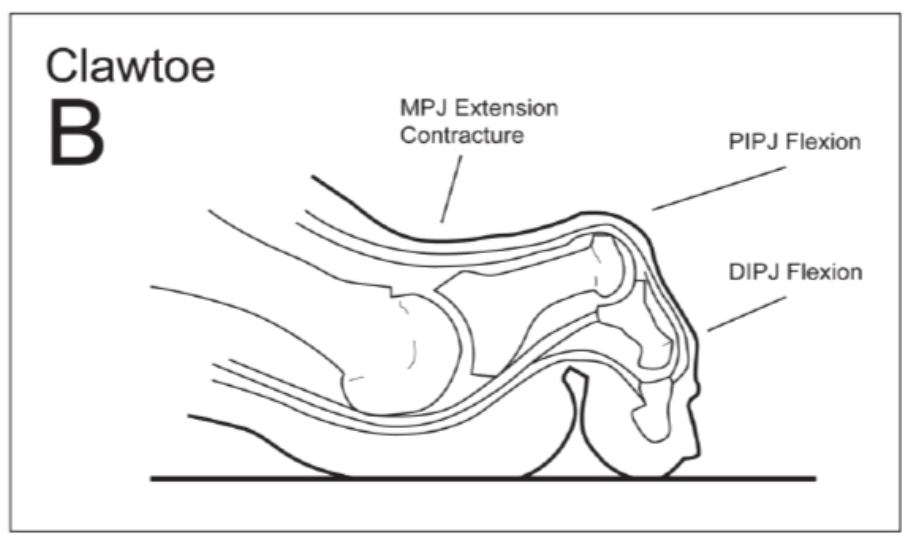
Common deformities of lesser toes

The following conditions are caused by contractures (tightening) of some of the toe tendons followed by the joint contracture.

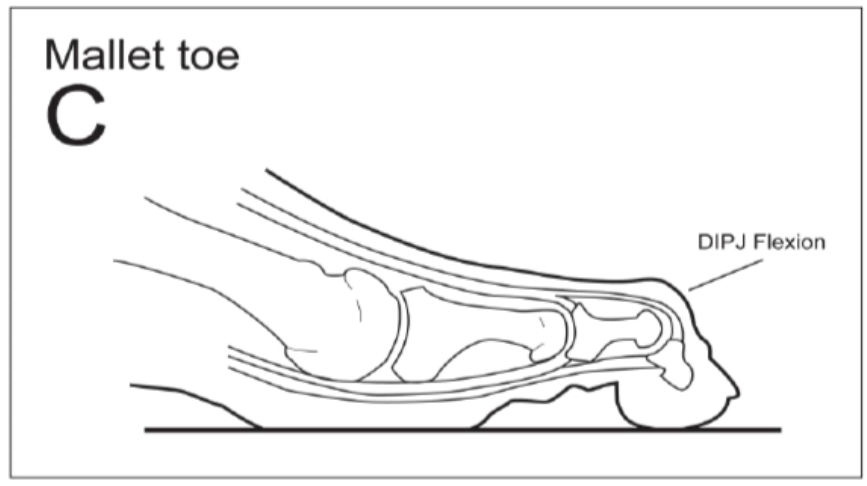
Hammer toe: The three bones in the toe should form a straight line, but with a hammer toe the first bone is slightly raised, the second bone tilts downwards and the bone at the tip is almost flat.



Claw toe: The first bone is raised and the second two bones point downwards.



Mallet toe: The first two bones are straight and the bone at the tip is point downwards.



Symptoms

Deformities of the lesser toes can cause:

- Pain under the ball of the foot
- Corns on the top of the toes or pain under the tip of the toe
- Redness and thickened skin (due to footwear rubbing)
- Ulcer/wound developing at pressure areas.

These deformities can happen due to a bunion or in isolation. The second toe is most commonly affected.

Treatment

- Non surgical treatment

- Wear the right footwear. You should try wide shoes with a high toe box.
- Place padding over pressure areas, toe separators and insoles can also be used in your shoes.
- You can take painkillers such as paracetamol or ibuprofen to help relieve the pain and inflammation in your toes.

- Surgical treatment

If you do not get relief with the above treatment, surgery can be considered. Surgical treatment involves a combination of releasing or lengthening the tendons/ligaments, shortening the bone and stiffening (joint fusion) to achieve a straight toe.

An incision made at the base of the toe to lengthen the tendons and bring the toe down. Next a small cut is made over the "bent joint" and a small piece of bone 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. A bulky dressing is applied and you will be provided with a special shoe afterwards.

The wire should be removed approximately 6 weeks after surgery in the outpatient clinic. Removal of the fine wire is relatively painless and does not require an anaesthetic.

What can I expect after surgery?

- Swelling

It is normal for your foot to swell after surgery. It may take up to 2 to 4 months for the swelling to go down depending on your general health and activity. It is important to elevate your foot above the groin in the early stages.

- Pain

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

- Bleeding

Sometimes after the surgery the wounds can bleed. Keep your leg elevated above the groin level to reduce the risk. If you have concern, please contact the team (**not your GP**) looking after you and they will invite you back to clinic for a wound assessment.

- 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 three weeks after surgery.

- Stiffness

The deformed toe is straightened by stiffening up one of the three toe joints. So, you are expected to have some permanent stiffness. 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 usually 2 weeks after surgery at a nurse led clinic. If you have fine wires in the toes, these are usually removed in the clinic, 6 weeks after your operation.

You will be supplied with a special post operative shoe to aid walking. This may be either a heel weight bearing sandal or a flat foot sandal depending on the surgical procedure performed.

Elevation

It is extremely important to keep the foot which has been operated on elevated above groin level as much as possible for the first two weeks after your operation.

For two days after your surgery your foot needs to be raised 55 minutes out of every hour. The duration of the elevation is reduced by 5 minutes per hour every day (e.g. 50 minutes on day 3, 45 minutes on day 4 etc).This should help to reduce the foot swelling, pain and better wound healing.

Analgesia

Pain killers 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 walking and provide crutches if required prior to your discharge from hospital. You will be instructed on how to move the affected foot and ankle depending on the surgery that has been performed.

We encourage you to move around and walk comfort allows.

Follow up appointments

You will be given an outpatients appointment for two weeks following the surgery. At this appointment our clinical nurse specialists will remove the dressings and inspect the wound. You will be given further 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.

Returning to work

This depends on your individual circumstances and your type of employment.
If you have a sedentary job and are able to elevate your affected foot, then you may return to part time work from two to three weeks after surgery. If you have a more physical demanding job it may take up to 2 to 3 months to return to work, however the majority of people return to work at 6 to 8 weeks.

Driving

If surgery is undertaken on your *left* foot and you have an automatic car, you can start driving at around 3 weeks following the operation. Otherwise, you may be able to drive from 6 to 8 weeks post-op. You need to do a test drive to ensure you can perform an emergency stop. You should notify your insurance company the type of procedure that you have undergone to ensure your cover is valid.

Sport

You can usually return to sport between 3 to 6 months after your operation. Lighter sporting activities like swimming and cycling could be resumed after 6 to 8 weeks of surgery.

Complications following surgery

Surgery is usually successful at achieving improvement in pain and deformity but complications can occur. You should not contemplate surgery for cosmetic reasons.

- Infection

This occurs in a small percentage of patients. Minor infections usually settle after a short course of antibiotics. Deep infection is less than 1% and may require further surgery to resolve the infection and prolonged antibiotics.

- Numbness and tingling

This can occur around the wound as a result of minor nerve damage. Numbness or sensitive areas are usually settled, but occasionally this may be permanent.

- Malunion

Healing of bones in the wrong position. It happens infrequently and further surgery may be required if it causes you further trouble.

- Recurrence

Recurrence of deformity were noticed infrequently often to a milder degree such as toe being slightly off the ground not resting or deviation towards the other toes.

- Non union

Non-healing of the bones. One third of the toe bones heal with a thick scar tissue which are painless. However 1% of the toe fusion could develop into a painful non-union.

- Blood clots

Deep vein thrombosis (DVT) or pulmonary embolism (PE) is rare. All patients will undergo 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 characterised by severe pain, swelling and changes to the skin which persist beyond the first few weeks following surgery. This is treated with physiotherapy and pain killers.

- Loss of toes

Rarely, you may lose a toe due to poor circulation after surgery.