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# Lesser Toe Correction

## Explanation:

Lesser toe deformities are classified as hammertoes, clawtoes, or mallet toes. These deformities involve contracted joints that are either rigid or flexible. In such deformities, the proximal interphalangeal (PIP) joint contracts and typically results in a painful corn

## Procedure:

The correction of the deformity requires resection of the contracted joint (knuckle) of the involved toe. In advanced cases, tendon lengthening or releases may be necessary. A pin is placed through the toe to stabilize the correction while it heals and scars down. The pin is removed 4 - 6 weeks after surgery. If dislocation of the metatarsal-

## Postoperative Visits

## Day 0-10

- Outpatient procedure: Patients may go home the same day.
- Anesthesia: A regional anesthetic at the level of the ankle (Ankle block) will be administered pre-operatively creating numbness in the foot for intra-operative and post-operative pain control. Intravenous sedation will be administered intra-operatively for relaxation.
- Dressings: Following the procedure, a soft dressing will be applied to the foot. This dressing is to be kept clean, dry and left in place until you return to clinic.
- Non-weightbearing: To ensure optimal surgical results, you will be unable to bear weight on your operative side. The use of crutches or walker is required. Heel weightbearing may be allowed for balance only. Post-operative shoe should be worn for transfers or when patient is out of bed. You are not required to wear the shoe when in bed. Activities are strictly limited during this time.
- Elevation: Strict elevation above heart level (toes above the nose) for the first ten days is important to your recovery as it helps to minimize pain and swelling. Swelling can adversely affect the soft tissue by placing increased tension on incisions putting them at increased risk for dehiscence.
- Pain Control: Pain medications will be prescribed to be used as needed. Pre-Operative nerve blocks can last between 8 to 12 hours; however, waiting to take pain medication until the block has completely worn off can result in increased breakthrough pain which can be difficult to manage. Please plan accordingly and take your medication promptly when sensation begins to return to the foot usually indicated by a tingling sensation in the toes or mild discomfort at the surgical site. Pain medications may be taken on a scheduled basis in the early post-operative recovery phase as this is when the pain is most intense.

## Day 10 – First Post-Operative Visit

- Suture removal if minimal swelling and reapplication of forefoot dressing.
- Allowed heel weightbearing only. Continue with limited activities.
- Applying weight to front of foot <u>will bend pins</u> resulting in difficult pin removal or possibly suboptimal surgical results.

## Week 6

- Pins are removed.
- Can advance weight to front of foot over next two weeks in post-op sandal.
- Once comfortable in sandal may transition into comfortable sneaker.
- Physical Therapy will be instituted to assist in a quicker return to full activities. PT will work to strengthen the foot and improve balance; however, it is important to note that your toes will be stiff indefinitely at the knuckle joint following the procedure.

Lesser toe corrections can be combined with other procedures, such as a bunionectomy. The post-op protocol will be adjusted accordingly.

**Scar Management**: Steri-strips, which were placed over the incision following suture removal, will gradually fall off between week 6-8. Do not pull at these; you may trim the loose edges. Once the Steri-strips have fallen off, you may massage Vitamin E oil or Mederma into the incisions twice a day. Silicone gel strips should also be used in conjunction with the other scar management modalities. These can be obtained from the cast room.

If any questions arise, please contact the office at (414) 805-7442 between 8:00 am and 4:30 pm Monday through Friday. Leave your number and message, Dr. Marks, Jamie, his physician assistant, or Mary S., his nurse, will return your call.