

1st MTP Joint Reconstruction or Fusion: A Guide to Recovery After Surgery

There are several conditions that can cause pain in the big toe knuckle joint or "1st Metatarsal Phalangeal (MTP) Joint. These conditions include thinning of the cartilage ("arthritis") or a bunion deformity of the toe ("hallux valgus"). If the toe causes a lot of pain, surgery may be offered to try to reduce the pain. Your surgeon will tell you what kind of operation is recommended for your foot.

This type of surgery is performed in the operating room most commonly under general anesthesia. Sometimes this surgery can be done with a spinal anesthetic (freezing the legs) or a block (freezing part of the leg). These surgeries usually takes between 45-90 min. The surgeries are daycare procedures meaning you will go home the same day as the surgery.

1st Metatarsal Osteotomy:

If there is a moderate amount of arthritis in the big toe knuckle joint but pain and stiffness, your surgeon may recommend removing the bone spurs and doing an 'osteotomy' or cutting and realigning the bone. Realigning the bone and removing the spurs allows the joint to move better. After cutting the bone, it will be realigned and then held in place, usually with screws +/- a plate while the bone heals.

Bunion Reconstruction Surgery:

If your big toe knuckle joint has a 'bunion deformity' but there is no or a small amount of arthritis, a bunion reconstruction may be recommended. This surgery will realign the bones and likely reduce the pain. During the surgery, one or more of the bones will be cut and placed in a better position to reduce the deformity. Usually, screws and/or a plate are then used to hold the bone together while it heals. Bone spurs will be removed and tight soft tissues around the toe will be loosened. The screws and/or plate usually do not need to be removed.

1st MTP Joint Fusion:

If the big toe knuckle joint has a lot of arthritis or a very large deformity, fusion surgery will be recommended. Fusion surgery means removing the joint so that it does not move anymore and is one solid piece of bone. Since the joint is removed, there is no movement through it. During the surgery, the cartilage will be removed, the joint placed in a good position for walking and then the bones will be held together with plates and/or screws while the bone heals. After fusion surgery, the big toe joint will not move. The plate and/or screws usually do not need to be removed.

Going Home:

- Arrange to have someone take you home after surgery, even if you are taking a taxi

Care of your Incision & Wound:

- Do not remove dressings. Your surgeon will change the dressings at your follow up appointment
- It is normal to have clear, reddish or yellow drainage on the dressings
- If the tensor bandage becomes loose, rewrap it snugly
- If the tensor bandage feels too tight, you may take it off and rewrap it. It should feel snug.
- Wear the 'post-operative' shoe that you were prescribed
- You may remove the shoe while you are resting

Bathing:

- Keep your dressings/splint dry

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- Cleanse around the foot or cover the foot with a plastic bag while bathing. Seal the plastic bag with duct tape
- If your dressings/splint gets wet, contact your surgeon

Activity:

- Follow the instructions your surgeon gives you about putting weight on the foot
- Most patients must use crutches after the surgery for around 6 weeks
- Some patients are allowed to put weight through the heel of the foot while wearing a 'post-operative shoe'
- Slowly resume normal activities like walking; recovery is gradual and it is normal to feel weak and tired for a couple of weeks after surgery

Recovery & Returning to Activities:

- Your surgeon will give you instructions specific to your recovery but these are some general guidelines
- Weeks 0-6:
 - You will not allowed to put weight through the front of the foot. You will need crutches to walk.
 - You can do daily ankle motion exercises to prevent stiffness: moving the ankle up and down and making circles.
- Week 2:
 - Follow up appointment with surgeon.
 - Some patients will start wearing a 'bunion night splint' and using a 'toe spacer' at this time.
- Week 6-8:

- Most patients begin to put weight through the foot while wearing a post-operative shoe.
- Physiotherapy will be started if your surgeon feels that it is needed.
- Weeks 6-12:
 - Continue to put more weight through the foot while wearing the post-operative shoe
 - You will gradually begin walking longer distances and wearing a regular shoe
 - Patients who have a 'bunion splint' continue to wear splint at night
- Weeks 12-26:
 - Gradually increase activity. Expect some pain and stiffness that will decrease over time and increases with activity. Most of the recovery will be in the first six months after surgery.

Pain:

- Discomfort will be moderate for the first few days and will gradually get better
- Use pain medications as prescribed by your surgeon
- Try to take your pain medications as soon as the pain begins to avoid your pain
- Gradually reduce your pain medications as your pain lessens

Swelling

- Expect quite a lot of swelling for a few weeks following the surgery. This is normal. The toes often swell up like sausages.
- Elevate the foot to the level of the heart for the first 48 hours after surgery to try to lessen the swelling

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- When resting, sit with the foot supported with pillows and elevated
- The swelling takes months to go away. It is quite normal to have swelling, especially when you are active, for 4-6 months after surgery. The swelling may continue for over a year.

Numbness:

- It is very common to have some numbness in the toes after foot surgery
- Most commonly, this numbness is over the inside of the big toe or on the outside of the big toe/inside of the 2nd toe.
- Usually, the numbness gets better over months but may never go away completely. Most patients are not bothered by it in the long term.
- If the numbness is increasing or numbness and pain are increasing, elevate the foot and loosen the tensor

Icing:

- You can apply ice packs or use a cryo therapy 'ice machine' to reduce pain and swelling
- Apply ice for 10-20 minutes, 4-6 times per day
- Never apply ice directly to skin

Return to Work:

Return to Work:

- When you are able to return to work depends on:
 - the kind of job you have and its physical demands
 - how much pain & swelling you have after your injury
 - how your recovery is progressing

- if you are able to modify your job or work from home
- Your surgeon will help you decide when to return to work
- Most patients with a desk job will want to take off a minimum of 5 days but often 2 weeks. Keep your foot elevated at work when possible
- You may need to be off work for up to 3-4 months for physically demanding work
- If you need a form filled out for your work, please drop it off at the office as soon as possible. There will be a fee to have the form filled out.

Healthy Eating:

- Start with clear fluids after surgery
- Gradually increase to a well balanced diet as your appetite allows
- Drink at least 6 cups of fluids daily

Going to the Bathroom:

- Changes in medications, activity and diet can cause constipation (hard, dry bowel movements)
- To avoid constipation, drink lots of fluids, eat high fibre foods such as prunes, fruits, bran, whole grains and vegetables
- Take a stool softener or laxative if needed. Ask your surgeon or pharmacist to suggest one.

Smoking:

- Smoking causes problems with the healing of bones and tissues

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- Not smoking or smoking less for 2 months before surgery and for 3-6 months after surgery will reduce the chance of a problem with healing
- visit www.quitnow.ca for information about tools and medications to help you quit smoking

Driving:

- Do not drive while taking pain medications
- Discuss with your surgeon when it is safe to drive
- If your right foot was operated on or if you drive a manual vehicle, you will not be safe to drive for at least 2-3 months
- If your ability to safely drive (e.g swerve sharply, perform an emergency stop) is impaired, your insurance may not be valid in the case of an accident

Your Medications:

- Resume your regular medications unless instructed otherwise by your surgeon

Supplies/special equipment:

- **Post-operative shoe:** a special shoe is required after surgery. Your surgeon will prescribe this. It can be purchased at a medical supply store, such as Island Orthotics, McGill & Orme or at One Bracing @ Rebalance^{MD}
- **CryoTherapy "Ice Machine":** This can be used as an alternative to ice packs to help reduce pain and swelling. Your surgeon can prescribe this. It can be purchased at a medical supply store, such as Island Orthotics, McGill & Orme or at One Bracing @ Rebalance^{MD}

- **Hallux Valgus or Bunion Splint and a Toe Spacer:** may be prescribed to reduce the chances that the bunion returns. This can be purchased at medical supply store, such as Island Orthotics, McGill & Orme or at One Bracing @ Rebalance^{MD}
- **Crutches:** are required and can be obtained from a medical supply store, the Red Cross, some pharmacies or One Bracing @ Rebalance^{MD}
- **Knee Walker:** this is an alternative to crutches or a walker for those patients that find crutches too difficult to get around with. It allows you to put the knee of your operative leg onto a padded bench on a scooter and push the scooter around with your good leg. It is available at One Bracing @ Rebalance^{MD}

Follow Up Appointment:

- A post-operative appointment should be scheduled for approximately 10-14 days post surgery
- Call the office if you do not have an appointment scheduled
- Write down your questions for the surgeon before the appointment

Call your Surgeon if you have:

- Increasing pain or swelling that is not relieved by elevation, ice and pain medications
- Bleeding that continues even after applying direct pressure for 10-15 minutes
- Incisions that are red, puffy, hot or leaking fluid more than 48 hrs after surgery
- Fever greater than 38°C
- Signs of circulation problems (e.g coolness, change in skin colour, numbness) which is not relieved by rest

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- Ongoing nausea and vomiting
- Inability to pass urine for more than 8-10 hours
- Chest pain or shortness of breath that is unusual for you

If you cannot reach your Surgeon:

- Call your family doctor, go to a walk-in clinic or hospital emergency department

Non-emergency health information and services:

- HealthLinkBC www.healthlinkBC.ca
- Tel: 811 from anywhere in BC
- Tel: 711 for deaf and hearing impaired assistance (TTY)

The information in this handout is intended only for the person it was given to by the health care team. It does not replace the advice or direction given to you by your surgeon.