What problems can happen to the small toes?

There are three main problems that can happen to the small toes.
- **Deformity** - Change in the shape of a toe that may cause pressure, pain or hard skin (a corn).
- **Pain in the toe joints.**
- **Metatarsalgia** - Pain in the ball of your foot (the area under your foot just behind your toes).

Your surgeon has recommended an operation to improve the function of your foot and reduce your pain. However, it is your decision to go ahead with the operation or not. This document will give you information about the benefits and risks to help you make an informed decision.

If you have any questions that this document does not answer, you should ask your surgeon or any member of the healthcare team.

How do problems happen to the small toes?

Toe deformities such as claw toe and hammer toe happen when the tendons that move the toes get too tight or out of balance. The affected toe can rub on other toes and on the inside of your shoe, causing pressure and pain (see figure 1).

Problems with the small toes are more common if you have a bunion on your big toe.

Inflammatory arthritis such as rheumatoid arthritis can damage the toe joints and this may make them come out of position (dislocate). If this happens, you may get painful hard skin on the ball of your foot (plantar callosity).

What are the benefits of surgery?

Your toes should be straighter, so your foot should fit more comfortably in a normal shoe.

Are there any alternatives to surgery?

Putting padding between your toes and strapping them in place can help to stop pain caused by the toes rubbing.

Custom-made insoles for your shoes will help to take the pressure off any painful areas. Special shoes that are wider and deeper than normal can stop your toes rubbing and often help you get around more easily.

If you get hard skin on your foot, you may need to have it removed regularly by a chiropodist (foot health specialist).

If these measures do not work, surgery may be an option.

What will happen if I decide not to have the operation?

Your surgeon can ask an orthotist to see you. They are experienced in treating foot problems with insoles and shoe modifications.

Problems of the small toes do not get better without surgery. Wearing sensible footwear will usually prevent them from getting rapidly worse.

The skin on the toes can become inflamed where they rub on the inside of your shoe. Occasionally the skin can get infected and cause an ulcer.
What does the operation involve?
A variety of anaesthetic techniques are possible. Your anaesthetist will discuss the options with you and recommend the best form of anaesthesia for you.
The surgery depends on the problem with your toes. Your surgeon will discuss with you which of the following procedures your operation is likely to involve.
• Releasing or lengthening tendons.
• Putting joints back into place.
• Straightening a toe by removing some bone.
• Stiffening one of the toe joints.
• Changing the shape of a bone in your foot (metatarsal), to shorten it or lift it away from the skin in the ball of the foot.
Your surgeon may fix the toes in place with wires or tiny screws.
At the end of the operation, they will close the skin with stitches and put a bandage or plaster cast on your foot.

What should I do about my medication?
You should continue your normal medication unless you are told otherwise. Let your surgeon know if you are on warfarin or clopidogrel. Follow your surgeon’s advice about stopping this medication before the operation.
Anti-inflammatory painkillers may stop the bones healing properly, so it is better not to take these if possible.

What can I do to help make the operation a success?
• Lifestyle changes
If you smoke, try to stop smoking now. Stopping smoking several weeks or more before an operation may reduce your chances of getting complications and will improve your long-term health. Nicotine is known to stop bones from healing.
For help and advice on stopping smoking, go to www.gosmokefree.co.uk.
You have a higher chance of developing complications if you are overweight.
For advice on maintaining a healthy weight, go to www.eatwell.gov.uk.

• Exercise
Regular exercise can reduce the risk of heart disease and other medical conditions, improve how your lungs work, boost your immune system, help you to control your weight and improve your mood. Exercise should help to prepare you for the operation, help with your recovery and improve your long-term health.
For information on how exercise can help you, go to www.eidoactive.co.uk.
Before you start exercising, you should ask a member of the healthcare team or your GP for advice.

What complications can happen?
The healthcare team will try to make your operation as safe as possible. However, complications can happen. Some of these can be serious and can even cause death. You should ask your doctor if there is anything you do not understand. Any numbers which relate to risk are from studies of people who have had this operation. Your doctor may be able to tell you if the risk of a complication is higher or lower for you.
The complications fall into three categories.
1 Complications of anaesthesia
2 General complications of any operation
3 Specific complications of this operation

1 Complications of anaesthesia
Your anaesthetist will be able to discuss with you the possible complications of having an anaesthetic.

2 General complications of any operation
• Pain, which happens with every operation. The healthcare team will try to reduce your pain. They will give you medication to control the pain and it is important that you take it as you are told so you can move about as advised.
• Bleeding during or after surgery. You may need a blood transfusion afterwards.
• Infection in the surgical wound, which usually settles with antibiotics but occasionally needs another operation.
• Unsightly scarring of the skin, although foot wounds usually heal to a neat scar.
• Blood clots in the legs (deep-vein thrombosis), which can occasionally move through the bloodstream to the lungs (pulmonary embolus), making it difficult for you to breathe. You may be given treatment to reduce the risk of blood clots.
• Difficulty passing urine. You may need a catheter (tube) in your bladder for a day or two.

3 Specific complications of this operation

• Damage to nerves. This may result in a small patch of numb skin or a tender scar. It usually gets better with time but can be permanent.
• Damage to blood vessels, which can cause a toe to die. If this happens, you will need to have the toe removed (amputated).
• Problems with bone healing, which can happen if the operation includes cutting the bone to realign the toe (an osteotomy). The bone has to heal in the same way as a fracture. Occasionally the position of the bone can slip before it heals or healing can take longer than the usual six weeks. These problems may need further surgery to correct.
• Loss of movement in the toes, caused by scarring from the surgery. This often improves with time but there may be some permanent stiffness.
• Severe pain, stiffness and loss of use of the foot (Complex Regional Pain Syndrome). This is rare and the cause is not known. If this happens, you may need further treatment including painkillers and physiotherapy. It can take months or years to get better.
• Pain in the ball of the foot when standing or walking (metatarsalgia). This can happen if your foot does not take weight evenly. You may need an insole in your shoe.
• Recurrent deformity. This can happen if tendons get out of balance again, or you have arthritis that causes more damage to your joints. You may need more surgery in the future.

How soon will I recover?

• In hospital
After the operation you will be transferred to the recovery area and then to the ward. You should keep your foot raised up to reduce swelling.
A member of the healthcare team will check the blood circulation in your foot and monitor any bleeding or swelling.
Your surgeon will tell you how much weight you can put on your foot. Your physiotherapist will help you to walk safely. You may need crutches or a walking frame.
You should be able to go home the same day or the day after. However, your doctor may recommend that you stay a little longer.
If you are worried about anything, in hospital or at home, ask a member of the healthcare team. They should be able to reassure you or identify and treat any complications.

• Returning to normal activities
For the first week, you will need to spend most of the time with your leg raised up so that the swelling settles. After that, you can usually start to be a little more active.
You may need to have your dressings changed to check the skin is healing and to remove any stitches. If you have wires in your toes, your surgeon will usually remove them in the clinic after a few weeks. You may need to have x-rays to check the bones have healed.
It can take six weeks or longer before the swelling has gone down enough for you to wear a normal soft shoe.
Once the bones have healed, you can massage any scars with moisturising cream and gently move your toes to make them more supple.
Your surgeon, physiotherapist and occupational therapist will tell you when you can return to normal activities.
Regular exercise should help you to return to normal activities as soon as possible.
Before you start exercising, you should ask a member of the healthcare team or your GP for advice.
Do not drive until you are confident about controlling your vehicle and always check with your doctor and insurance company first.

• The future
The swelling often takes up to 6 months to go down completely. You should wear comfortable shoes that have enough space for your toes. Wearing shoes with high heels or pointed toes may cause more toe problems in the future.

Summary
If you have problems with your small toes that are causing pressure and pain, surgery should straighten your toes and make your foot fit more comfortably into a normal shoe.

Surgery is usually safe and effective. However, complications can happen. You need to know about them to help you to make an informed decision about surgery. Knowing about them will also help to detect and treat any problems early.

Further information
• NHS smoking helpline on 0800 169 0 169 and at www.gosmokefree.co.uk
• www.eatwell.gov.uk – for advice on maintaining a healthy weight
• www.eidoactive.co.uk – for information on how exercise can help you
• www.aboutmyhealth.org - for support and information you can trust
• American Academy of Orthopaedic Surgeons at www.aaos.org
• www.thefootandankleclinic.com
• British Orthopaedic Foot and Ankle Society at www.bofas.org.uk
• Reflex Sympathetic Dystrophy and Complex Regional Pain Syndrome UK at www.rsd-crps.co.uk
• NHS Direct on 0845 46 47 (0845 606 46 47 - textphone)
• www.eidohealthcare.com

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