

HALLUX 1ST MTP CHEILECTOMY

Postoperative Recovery Protocol

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Type of Procedure: outpatient
Length of Procedure: ½ - 1 hour
Anesthesia: general or sedation w/ ankle nerve block

Hallux rigidus: what is it?

Movement of the big toe joint occurs typically in an up and down plane only (dorsiflexion and plantarflexion). The normal upward movement or dorsiflexion is nearly 90 degrees, and the downward movement or plantarflexion is 25 degrees. As the name implies, hallux rigidus occurs when the movement in the big toe MTP joint is limited.

This condition is often, but not always, associated with some form of arthritis of the big toe. Treatment of hallux rigidus often ultimately requires surgery but the joint can be made more comfortable with appropriate shoe modifications. Your shoes may be modified by stiffening the sole, inserting a very stiff orthotic support in the shoe, and sometimes adding small rocker (a metatarsal bar) which can be glued on to the bottom of the sole of the shoe. A thin-soled shoe or a higher heel will lead to more pain and worsening symptoms from this condition, because more stress is placed on the big toe joint.

The surgical treatment for hallux rigidus is determined by the extent of the arthritis in the big toe joint. For the early phase of hallux rigidus, shaving off the bone spur on top of the metatarsal is sufficient, and this is referred to as a cheilectomy. If the movement of the big toe joint is stiff, then a cheilectomy is not sufficient and an additional bone cut may be required on the big toe itself (an osteotomy of the phalanx).

Movement of the toe after surgery is critical, otherwise the joint will become quite stiff and pain relief will not be as reliable. Since this surgery does not remove all of the arthritis in the joint, you may still develop stiffness and pain in the big toe in the months or years to come.

General recovery factors:

- You are able to walk on the foot immediately following the surgery.
- You should wear the surgical shoe for the first few weeks to allow for wound healing and relieve pain and swelling.
- I typically recommend taking at least 3 days off of work to allow for pain control, elevation, and rest. This will help limit swelling and optimize wound healing. Patients with sedentary jobs can generally return to work whenever they are comfortable, especially if they can elevate the foot at their desk throughout the day. Patients with jobs that require standing or a lot of walking activity may be limited for a few weeks.

- For left foot surgery, you may drive when no longer taking regularly scheduled narcotic pain medication, usually during the first week following surgery. For the right foot, it may take a few days longer until the foot is comfortable enough to use the brake and gas pedal.
- The surgical shoe is worn for 2 weeks, after which you should transition back into a comfortable and flexible shoe.

Specific postoperative course (these are general guidelines, your specific individual postoperative treatment may be different):

Day 1

- Foot is wrapped in a bulky bandage and shoe.
- Ice, elevate, take pain medication.
- Expect numbness in the foot for 12-24 hours then moderate pain.

Day 3

- Start walking on the foot in the surgical shoe.
- You can remove the surgical shoe in bed, but may be more comfortable with it on.
- Moderate pain – continue pain medication.
- Ice, elevate as much as possible.
- Remove dressings, but keep the incision clean and dry at all times.

Day 7

- Continue walking in surgical shoe
- You may generally begin driving in the surgical shoe at this time (if the left foot, you may be able to drive sooner).

Week 2

- First scheduled follow-up in clinic, sutures removed and x-rays may be taken.
- Remove shoe and transition to a comfortable, flexible sneaker.
- Start stretching exercises of the big toe, 3x/day for 5 minutes at a time.

Week 6

- Second scheduled follow-up in clinic, x-rays may be taken.
- Continue toe stretching exercises for another month.
- If you are not regaining adequate motion in the big toe, physical therapy may be prescribed to help with motion and scar massage.
- There are no limitations to activity at this time other than that caused by pain and swelling.