

1st METATARSOPHALANGEAL JOINT FUSION (Big Toe Fusion)

What is the problem?

The joint at the base of the big toe (1st metatarsophalangeal joint) is commonly affected by arthritis. Fusion of the joint is the most reliable method of relieving pain and improving function. After 1st metatarsophalangeal joint fusion, most patients have little or no discomfort and can live a very active life.

What's involved?

1st metatarsophalangeal joint fusion surgery has a number of steps. These include:

- general anaesthetic, intravenous antibiotics
- incision along inside of big toe
- removal of remaining joint cartilage
- insertion of bone graft
- fixation with plate and screws
- check x-ray
- closure of wound with stitches/sutures

What's the worst thing(s) that can happen with surgery?

All surgical procedures carry some risk. Fortunately, the risk of complications with 1st metatarsophalangeal joint surgery is low. Some of the risks of surgery include:

- Infection
- Problems with wound healing
- Nerve injury causing numbness, tingling and/or pins and needles
- Scarring
- Non union (the bone doesn't fuse together)
- Malunion (the bones fuse in an unacceptable position)
- Deep venous thrombosis/pulmonary embolism. (The risk of DVT increases with smoking, the oral contraceptive pill and hormone replacement therapy, immobility and obesity)
- Anaesthetic complications
- Drug allergy
- Ongoing pain

What can I expect after surgery?

Rest

- You will have a surgical sandal on your foot. Keep foot elevated as much as possible, especially for initial 72 hours. Keep dressings dry and intact until post operative appointment.
- Mobilise short distances as pain allows, aim to remain in your own home for the first few weeks limiting long periods of standing or walking

Pain

- Pain relief may be required for up to 4 weeks; depending on your other medications this may include:
 - Regular paracetamol, anti-inflammatory drugs and break through opiate type medications

Driving

- Any surgery performed on the right foot or both feet will mean no driving for a minimum of 6 weeks
- If surgery was performed on the left foot then driving in an automatic is possible, but Dr Phegan would recommend waiting a minimum of two weeks before attempting to drive

Driving any vehicle with a cast or boot is potentially hazardous and you should consider this before getting behind the wheel

Follow up

- Keep all dressings dry and in tact for the first two weeks
- Removal of stitches/sutures typically occurs at an appointment with Dr Phegan and his in house therapists at 10-14 days at first post operative appointment. Very occasionally some sutures need to stay in for longer
- Your appointment will be booked by Dr Phegan and a confirmatory SMS will be sent informing you of the time and date for follow up

Typical milestones

- 2 weeks: Wound review and removal of sutures
- 6 weeks: Check X-ray and wean from surgical sandal
- 6weeks to 3 months: work on swelling reduction, scar massage and mobility
- Full recovery 3-6 months

Every patient's recovery is individual and depends on the severity of the injury and the complexity of the surgery.

ANY PROBLEMS

During office hours contact Dr Phegan's office on (07) 56711120 or email info@drphegan.com for a reply within 24 hours

After hours please contact the hospital where your surgery was performed or attend your local GP