Post-operative Instructions for Hammertoe surgery

Description of your procedure

There are many procedures involved in correcting a hammertoe. Usually it involves performing a Weil osteotomy of the metatarsal to shorten the bone and decompress the joint. This allows balancing the long extensor and flexors to help relax the tissue. Often, a plantar plate repair is necessary if the plantar tissue has been torn to prevent elevation of the toe. Finally, a tendon transfer or joint resection is necessary to relax the knuckle of the proximal toe. It takes approximately 6 weeks for the bone to heal and 12 weeks for the soft tissue to heal.

What to expect week by week

Week 0-2

- You are in a splint or bootwalker to protect your incisions and allow them to heal. You may loosen the Ace wraps if it feels too tight, but do not remove the splint. Please call if it still feels tight or feels like it is rubbing. If you are in a bootwalker, you have a soft dressing. You may change this at 2-3 days after surgery. Keep the incision clean, replacing the dressing daily. You may clean the incision gently with alcohol the first week, then sponge bath with a gentle antibacterial soap after 7-10 days, if the incision is well healed.

- You are non-weight bearing-use your crutches, walker, wheelchair, or knee scooter for ambulating.

- Elevate and Ice your foot 15 minutes every hour. You may get up and around as desired

- Take your pain medicine on a regular basis for the first 2-3 days. You may then start spreading out your pain medicine as tolerated. Try going 5 hours instead of 4, then 6, 7, etc. If you had a popliteal block, you will be numb from the knee down for 12-48 hours, occasionally longer. Start your medicine before the block wears off and your sensation returns.

- You are at risk for a blood clot anytime after surgery. Try getting up and moving around every hour. Flex and extend your knees, ankle if possible and toes to help keep your blood in your veins moving. If you develop swelling in the calf or thigh which does not go away with elevation, or pain/cramping which does not go away in the calf or thigh, call us. If you get chest pain, shortness of breath, or anxious feeling, go directly to the ER. These are signs of a blood clot going to your lungs, which can be deadly.
• You may shower, if you cover your splint with a cast cover or plastic bag. If it gets wet, put hair dryer on low and dry it. Call us to get it changed.

Weeks 2-4

• You will be transitioned to a boot walker if in a splint. You are still non-weight bearing. Continue to use your crutches, walker, wheelchair, and knee scooter. This is to allow you to shower and start moving your toes.

• Continue to ice and elevate as necessary to help with the swelling. If you do not have a pin in you may start stretching your toes at the joint, gently pushing up and down. You can also try scrunching a towel with your toes. Some people benefit from Physical therapy to help with the swelling and motion through the joint.

• In the shower, use a gentle antibacterial soap, such as Dial, and dry it well.

• You will need to perform the Myerson tape job for the full 4 weeks to help protect the soft tissue repair.

Week 4-12

• Your pin will be removed and taped. You may remove the tape daily to shower/bathe. You will start mobilizing the joint as well.

• You will start weight bearing, initially in your boot walker. I recommend trying 25% of your weight with crutches or walker, then 50%, then 75%, and then 100% as tolerated. If you have a scale at home, weigh yourself. Divide your weight by 4, which will give you the 25%. Using your crutches or walker, stand over your scale keeping your weight on your good foot, slowly press down on your surgical foot until it is 25%. See how that feels and that is how much you can weight bear. Stay here for 3-7 days until you can do so comfortably. Repeat with 50,75, and 100% weight bearing.

• Once you are at 100% weight bearing in the boot walker you may start transitioning to a regular shoe. I recommend a wide toe box, such as a tennis shoe. Avoid tight fitting and pointed toe shoes to prevent damaging the soft tissue repair until well healed. (Usually 6 months to a year.) Start with an hour a day, and then progress every 3-7 days to 2 then 4 then 6 then 8 hours. Let pain be your guide. If it swells and is painful back down, if feels good, progress.

Weeks 12- 1 year

• The swelling will improve with time. Everyone has resolution at different points. You can do contrast baths (ice water bath for 1 minute, hot water bath for 1 minute, alternating for 10-15 minutes), elevate, massage, and wear compression socks to help with the swelling. Mobilize the joint with active and passive techniques. A physical therapist can help break up scar tissue and improve swelling.

• 2. Complete healing usually occurs by 6 months to a year. You can advance activities as pain and swelling allow. Start off slow, maybe half of normal activities, such as walking, riding a bicycle or swimming. If you are a runner, try intervals (run 1 minute, walk 4 minutes) and progress weekly.
Complications

- **Infection**: If you develop redness, warmth, fever, chills at any point call us. Infection is more common in diabetics, smokers, people with vascular disease, older patients, and those with autoimmune diseases such as Rheumatoid arthritis.

- **DVT/PE**: Blood clots in the leg may travel to the lungs. If you have a personal history or family history, I will usually start you on a blood thinner (Lovenox shots or Xarelto pills) for 2 weeks post-operatively. If not, call if you develop any swelling in the calf or thigh, which does not go away with elevation. If you develop calf pain or thigh pain, these can be signs as well, so please call us. We will send you over for an ultrasound to look at your veins to see if you have a blood clot. If it is positive, you will be started on blood thinners. If you develop chest pain, shortness of breath, or anxious feeling, go to the ER. These are signs of a blood clot going to your lungs. They will do special tests to look for a blood clot in your lungs.

- **Arthrofibrosis or stiffness in the joint**: This can occur. This is why early ROM is necessary to help get the joint moving. This can be painful as it changes your gait. Physical therapy can help.

- **Nonunion**: Nonunion of the osteotomy site may occur. This is rare, but sometimes the bone does not heal well. This is more common in diabetics, smokers, and people with vascular disease. Usually, you will have a bone stimulator ordered to help it heal if not healed by 3 months. Early weight bearing can also lead to a nonunion or early recurrence.

- **Wound healing problems**: Usually the wound will heal in 7-10 days, but may take longer or even break down in smokers, diabetics, vascular disease, older patients, and those with autoimmune diseases such as lupus and RA. Usually you will be treated with wet-dry dressing changes, which you clean the wound daily with sterile water or antibacterial soap and then place slightly dampened sterile gauze over the wound followed by dry gauze. This is changed either once or twice a day until healing occurs. If significant wound break down occurs, you may need to go to a wound care center and/or wound care clinic.