

## Patient information

### **1st Metatarso-phalangeal Joint Fusion**

#### Foot and Ankle - Orthopaedics

Your Consultant / Doctor has advised you to have a Metatarso-phalangeal (M.T.P.) Joint Fusion. This joint is the main joint at the base of the big toe.

#### **What is a 1st MTP joint fusion?**

The joint at the base of the big toe can become painful and stiff as a result of arthritis. This may have been caused by an old injury, previous surgery or a long-standing bunion deformity. Pain at the joint can start to affect your daily activities and even your sleep pattern.

In addition, the joint itself can develop a bony ridge due to arthritis and this can affect your ability to wear certain shoes. 1st MTP fusion is carried out to permanently fuse (stiffen) the two bones adjacent to the joint, thereby preventing any movement at the joint.

#### **How is 1st MTP joint fusion carried out?**

This surgery usually involves an overnight stay following your surgery, depending on your recovery, your general condition, home circumstances and mobility. The procedure is usually performed under general anaesthesia but may be carried out under local anaesthetic with sedation, spinal or epidural anaesthetic. You will have an opportunity to discuss these options with your anaesthetist and specialist before your operation.

A cut is made over the joint area and the ridges of bone next to the joint and cartilage are removed. The big toe is then realigned and then stabilised using a special plate and screws, to hold the bones together in position whilst bone healing takes place.

#### **What are the benefits of having a 1 st MTP joint fusion?**

The aim of the procedure is to reduce pain and discomfort. This surgery should allow you to wear your footwear more comfortably.

#### **What are the risks of having a 1st MTP joint fusion?**

All surgical procedures carry risks of wound infection and delayed wound healing. There is also a risk of damage to the small nerves of your toes which may leave you with numbness or a possibly a painful scar. In addition, the bone may fail to heal or heal incorrectly and if you smoke and are about to undergo surgery, we strongly advise you to stop smoking for at least four weeks before surgery and for around six weeks after your surgery. By doing this you will find the healing process like that of a non-smoker.

Blood clot (deep vein thrombosis) is a rare complication caused by you having to be less mobile following your foot surgery. You can help to prevent this by elevating your foot when you sit (with your heel above your hip level) keeping gently mobile, wearing your stiff sandal with the aid of crutches (as instructed by the ward physiotherapist) plus carrying out frequent ankle exercises and knee bending exercises to keep your circulation moving.

Foot swelling can occur if you sit with your leg down and this can cause increased pain, bleeding and problems with wound healing.

The plate and screws usually stay in for life but very occasionally metalwork may need to be removed under general or local anaesthetic if it causes discomfort or problems, such as loosening, in the future.

Following surgery, you will not be able to wear high heels (usually a heel height of 1 to 1 ½ inches is the maximum you are able to wear).

### **Are there any alternative treatments available?**

If you decide not to proceed with surgery, you may receive advice regarding more suitable footwear.

If appropriate, your surgeon may refer you to the orthotist for an assessment with a view to supplying special insoles, which may also help you to manage your symptoms.

Your surgeon may advise you to have a steroid injection into your big toe joint under X-ray guidance, to help to reduce your pain. X-ray guidance ensures that the injection is introduced correctly into the small joint space.

### **What will happen if I don't have any treatment?**

If you decide not to proceed with any treatment, then it is likely your symptoms and condition will progress. In time the joint may become further stiffened and feel less painful as your condition progresses, as the movement at the joint becomes more and more restricted.

### **What sort of anaesthetic will be given to me?**

You will be given either a general anaesthetic or a local anaesthetic with sedation. A local anaesthetic / sedation involves being given an injection to re make you feel very relaxed, followed by injections around the ankle or at the back of the knee (nerve block) to numb the area being operated on. You remain conscious and relaxed throughout the surgery but free from any pain.

If the nerve block is not effective then you will have to have a different type of anaesthetic, such as general anaesthetic. General anaesthesia is drug-induced unconsciousness: it is always provided by an anaesthetist, who is a doctor with specialist training.

Unfortunately, general anaesthesia can cause side effects and complications. Side effects are common, but are usually short lived: they include nausea, confusion and pain.

Complications are very rare, but can cause lasting injury: they include awareness, paralysis and death.

There is a risk of damage to teeth, particularly caps or crowns and veneers. Your anaesthetist will take every care, but occasionally damage can occur.

The risks of anaesthesia and surgery are lower for those who are undergoing minor surgery, and who are young, fit, active and well. For more information, please ask for a copy of the leaflet **You and Your Anaesthetic**

You will be given an opportunity to discuss anaesthetic options and risks with your anaesthetist before your surgery.

If you are worried about any of these risks, please speak to your consultant or a member of their team on the number provided at the bottom of the leaflet.

### **Getting ready for your operation**

You will usually be seen in the pre-operative clinic before you are admitted to hospital. Here you will have blood tests and sometimes a heart trace and a chest X-ray, if appropriate. You will be assessed to see if you are fit for the anaesthetic.

The staff will ask routine questions about your health, the medicine you take now and any allergies you may have.

You will be given instructions on when to stop eating and drinking pre-operatively and provided with details of any of your usual medication you will need to take, or not, on the morning of your surgery. It may be that certain medication will need to be stopped for a few days prior to surgery and, if appropriate, you will receive instruction about this also.

You may have already signed a consent form during your clinic consultation and therefore confirmation of your wishes to proceed with surgery will only be required on the day of your operation. If you have not already signed a consent form you will be invited to sign one on the morning of your surgery to say that you understand the procedure, and what the operation involves.

You will also have opportunity to discuss the operation with a doctor.

### **The day of your operation**

You will come into hospital on the day of your operation. Please bring any medication you are taking to hospital with you.

- Please leave all cash and valuables at home. If you need to bring valuables into hospital, these can be sent to General Office for safekeeping. General Office is open between 08.30 and 4.30 Monday to Friday. Therefore, if you are discharged outside these times we will not be able to return your property until General Office is open. The Trust does not accept responsibility for items not handed in for safekeeping.
- You will be asked to remove jewellery. Plain bands can be worn but they will need to be taped.

- Please leave body piercings at home. False nails and nail polish will also need to be removed.
- If you have not already had one, you will be asked to take a shower and put on a gown and disposable underwear.
- A bracelet with your personal details will be attached to your wrist.
- You may be prescribed some medication to take before your operation by the anaesthetist. A member of the nursing staff will give this to you.
- You will be escorted to theatre and normally you walk into the theatre area, if you are able.
- Your dentures, glasses or hearing aid can stay with you on your journey to the operating theatre.
- When you arrive in the waiting area, a theatre nurse will check your details with you.

### **What should I expect after my operation?**

After your operation you will be kept in the theatre recovery room before being transferred back to the ward.

During the operation you will have been also given some local anaesthetic (LA) to make your foot numb after the surgery, this helps to control your pain. The effects of this will wear off approx eight to ten hours after your operation, but the length of time the numbness lasts can vary.

**It is important that as soon as you start to feel a tingling sensation you inform the nursing staff so that suitable painkillers can be given to you, before the pain progresses. Pain is difficult to control if you wait until your pain is more severe.**

A nurse will check your pulse, blood pressure, and breathing rate regularly.

The nursing staff will also advise you when you can start taking sips of water. Anaesthetics can make some people sick. If you feel sick, we advise you not to drink until this feeling has passed. The nursing staff may offer an injection to help this sick feeling go away.

The first time you get out of bed, please make sure you ask a nurse for assistance / supervision. This is in case you feel dizzy or unsteady.

You will need to be wheeled to the toilet in the early stages as it is also important that you don't put your operated foot to the floor until the physiotherapist has assessed you using crutches and provided you with a stiff-soled sandal, which you will have to wear every time to get up to walk.

You will need to use this sandal for about six to eight weeks or longer depending on instructions from your specialist and outcome of your clinic reviews.

## Going home after anaesthetic – general information

If you go home on the day of your surgery and have had a general anaesthetic or local anaesthetic / sedation, you must have a friend or relative to take you home and have a responsible adult to stay with you for 24 hours.

### For next 24 hours you must not

- Be left alone
- Operate machinery (including domestic appliances such as a kettle)
- Make important decisions, sign any business or legal documents
- Drink alcohol

### You should

- Take things easy
- Take your medications as usual
- Let someone else care for anyone you usually look after, such as children or elderly or sick relatives.

You will return to the ward with your foot bandaged. Once you have recovered further, a physiotherapist will assess and advise you of the safest way to use your crutches, especially if you have stairs to manage at home.

You will be fitted with a stiff-soled sandal and will be advised to put your weight through your heel / hind foot so that you avoid disturbing your operation site.

You must keep your bandages dry at all times to prevent the wound from becoming infected or breaking down. The bandages applied in theatre on the day of your surgery are left undisturbed until you are reviewed in the Orthopaedic clinic fourteen days later. They have been applied in a certain way to support your toe.

We do not recommend the use of plastic bags to cover the bandages to have showers as water tends to get in without you realising it.

## Discharge Information

### Pain relief and medication

The nursing staff will advise you about painkillers before you leave the hospital. Please tell the nurses what painkilling tablets you have at home.

### Your wound

If, following discharge you find your foot is more painful, swollen, smelling or oozing please **contact the orthopaedic specialist nurse to bring your clinic appointment forward (see contact details at the end of this leaflet)**. It is also important that you contact your family doctor (G.P.) immediately, and, if out of hours, the out of hours GP service.

## **Returning to work**

You can self-certify for the first seven days of sickness. Before you are discharged, a medical certificate (fit note) may be issued by your hospital doctor to cover the expected time off you will need.

Your consultant will inform you how long you are likely to need off work. Obviously, this is dependent on your occupation.

## **Further Appointments**

You will be followed up in outpatient clinic up to two weeks after your surgery when your wound will be checked and any sutures / steri-strips are removed.

You will then return to follow-up clinic four weeks later, to take you to the six weeks post-op stage, when you will hopefully be re-introduced to normal footwear again depending on your X-ray result opinion of your specialist.

The shoes you need to bring with you should be flat, roomy with a thick sole e.g., trainers or flat trekking type sandals which can be adjusted easily to allow for swelling. Please also bring a sock with you in case you have to go home in the stiff-soled sandal, as this will help to prevent any friction to your foot caused by the sandal.

A degree of swelling can last for quite some months after your surgery.

## **Feedback**

Your feedback is important to us and helps us influence care in the future.

Following your discharge from hospital or attendance at your outpatient appointment you will receive a text asking if you would recommend our service to others. Please take the time to text back, you will not be charged for the text and can opt out at any point. Your co-operation is greatly appreciated.

## **Further information**

### **Foot & Ankle Nurse Specialists**

**Sharon Moore and Gaby Jones**

**Tel: 0151 282 6471 or mobile number 07785703726 Mon-Fri 8am - 4pm**

**Foot and Ankle secretaries Tel: 0151 282 6746/ 6813/ 5579 Mon-Fri 8am-4pm**

**Please seek medical attention out of hours. (GP, WIC, AED)**

**Author: Foot and Ankle- Orthopaedics**

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All Trust approved information is available on request in alternative formats, including other languages, easy read, large print, audio, Braille, moon and electronically.

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