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The Royal Liverpool
and Broadgreen
University Hospitals
NHS Trust

Patient information

Cheilectomy

Trauma and Orthopaedics

You may have already tried non-surgical treatments to manage your pain symptoms, such as wider deeper shoes, insoles and / or padding the prominent area around your big toe, using special silicone covers. Your Consultant / Doctor has now advised you to have a cheilectomy to your big toe joint

What is a 1st MTP joint Cheilectomy?

A cheilectomy is carried out to remove the extra bump of bone on the top of the big toe joint, which has formed usually due to osteoarthritic changes (wear and tear).

What are the benefits of having a 1st MTP joint Cheilectomy?

The aim of the surgery is to help to free up the movement of the big toe joint and also to help to reduce your pain.

What are the risks of having a 1st MTP joint Cheilectomy?

Some people may continue to experience ongoing pain and discomfort due to osteoarthritis within the joint. If this is the case, there may be a need for further surgery to fuse the big toe joint, preventing your joint movement and pain symptoms.

The operation involves an incision over the big toe and there is a risk of post-operative wound infection. You will be expected not to allow your bandages / wound to become wet until your wound has healed and your sutures (stitches) have been removed, usually at around ten to fourteen days post-operatively.

There is also a rare risk of developing scar problems post-operatively and if this occurs you may eventually be left with a tingling sensation or some numbness.

Your foot is likely to remain swollen for some months after the surgery and you need to ensure that you keep your leg elevated, so that your heel level is higher than your hip level, whenever you sit down. This helps to help reduce your swelling and pain and helps your blood circulation

You will also need to exercise your ankles and knees frequently and gently walk around with your post-operative sandal in place for short distances, to help prevent the formation of blood clots.

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 recommend a referral to the orthotist for assessment with regard to special insoles, which may also help your symptoms.

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

If you decide not to receive any treatment, it is likely that your present condition and symptoms will worsen.

What sort of anaesthetic will be given to me?

This surgery is carried out as a day case procedure and is usually carried out under general anaesthetic and a nerve block (numbing of the nerves supplying the foot).

General anaesthesia is drug-induced unconsciousness: it is always provided by an anaesthetist, who is a doctor with specialist training.

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" (PIF 344). 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.

It may be possible to have your surgery carried out under local anaesthetic. This involves being given an injection to numb the area of the foot to be operated on. You stay conscious but free from pain and if, following discussion with your anaesthetist, you are having a local anaesthetic you may also be given some sedation to help you remain relaxed.

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, swabs taken and other tests, as appropriate such as ECG (heart trace). 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 at the moment and any allergies you may have.
- You will be given instructions on eating and drinking.
- You will be able to discuss the operation with a doctor. You will be asked to sign a consent form to say that you understand the procedure, and what the operation involves.

The day of your operation

- You will come into hospital on the day of your operation. Please make sure you contact the ward before you leave home to check bed availability.
- Please bring all medications you take into 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 band rings can be worn but they will be taped.
- Please leave body piercings at home. False nails and nail polish will also need to be removed.
- If you are on regular medication, you will be told to take this if necessary.
- 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.
- A porter will escort you to the operating theatre.
- 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. You will then be asked to put on a disposable hat.
- The ward nurse will then leave you and you will be taken to the anaesthetic room.

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.
- A nurse will check your pulse, blood pressure, and breathing rate regularly. **It is important that if you feel any pain you must tell the nursing staff, who can give you painkillers to help.**
- 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. This is in case you feel dizzy or unsteady.**

Going Home

You will be discharged either on the day of your surgery or the following day. This will depend on your recovery and your general condition.

If you go home on the day of your surgery and have had a general anaesthetic **or 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 the next 24 hours you must not

- Travel alone.
- Drive a car or ride a bicycle.
- Operate machinery (including domestic appliances such as a kettle).
- Climb ladders.
- Make important decisions, sign any business or legal documents.
- Drink alcohol.
- Return to work within 12 hours of treatment. Your general health and any medicines you are taking may increase the time you need off work.

You should

- Take it easy for the rest of the day, avoid strenuous activity.
- 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 be fitted with a wide shoe/sandal and will be advised to put your weight on through your mid foot to heel area so that you do not disturb the operation site and avoid undue pain. A physiotherapist will assess and advise you on the safest way to use your crutches, especially if you have stairs to manage at home.

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

Your bandages and dressing should be left undisturbed, kept dry and keep your foot highly elevated on sitting, to allow the wound to heal. If, however, following discharge, over the first few days, you find your foot is more painful, swollen (your bandage will feel tight if this occurs), development of flu-like symptoms (early signs), bandage smelling or oozing (late signs), this could be caused by infection so please contact your family doctor (GP) and the specialist nurse as soon as possible, to arrange an earlier appointment.

Getting back to normal

Between four to six weeks following your surgery you should feel that your life is getting back to normal again.

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 require off work. Obviously, this is dependant on your occupation.

Further Appointments

You will return from theatre with a bandage to your foot, applied in theatre. You will need to keep this in place until your first post-operative appointment at ten to fourteen days after surgery.

Your bandage and dressing will be removed by nursing staff at this appointment and your wound will be assessed, cleansed and sutures removed. A new dressing will be applied and you may be able to apply your own sock (loose not a tight sock)

You will be given an outpatient appointment to see the physiotherapist at just over two weeks to advise regarding mobilisation of your big toe joint

(N.B. the physiotherapy appointment should be after your post-operative follow-up appointment for wound assessment and if you have any problems please contact the secretary)

Further Information

If you have any queries or concerns following your discharge, contact the specialist nurse.

Specialist Nurse in Foot and Ankle Surgery

Tel: 0151 282 6000 and ask for bleep 4634

Text phone number: 18001 0151 282 6000 bleep 4634

Foot and Ankle Secretaries

Lisa and Jenny

Tel: 0151 282 6813 / 0151 282 6746

Text phone number: 18001 0151 282 6813/18001 0151 282 6746

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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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