

*Better
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Patient information

First (1st) Metatarso-phalangeal (MTP) Joint Replacement

Trauma and Orthopaedic Directorate

Your Consultant / Doctor has advised you to have metatarso-phalangeal (M.T.P.) joint replacement surgery. This joint is the main joint at the base of the big toe.

What is a First (1st) Metatarso-plalangeal (MTP) Joint Replacement?

The joint at the base of the big toe can become painful and stiff as a result of osteoarthritis(wear and tear). Pain in the big toe 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 closed footwear. 1st MTP replacement is carried out to put a metal surface on the two bones adjacent to the joint with a plastic separator, thereby replacing the diseased joint surfaces, allowing movement at the joint.



How is 1st MTP joint replacement carried out?

The procedure is usually performed under general anaesthesia but may be carried 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 new joint surfaces are then inserted into the bones and the bone grows into the implants over time.

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

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

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

Around 85% of patients are happy with the results of their surgery, approximately 10% have some reservations, but are improved, and about 5% of patients feel they have been made worse by the surgery.

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 possibly a painful scar.

In addition the bone may fail to join onto the implant and if you are a smoker and are about to undergo surgery, we strongly advise you to stop smoking for at least one week before surgery and for around six weeks after your surgery. By doing this you will find the healing process similar to 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 flexible-soled 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 implants can loosen over time and sometimes may need to be removed. If this happens then occasionally another joint replacement can be inserted but, more often, the joint will need to be fused (stiffened) using additional bone graft taken from the edge of your pelvis.

Once listed for surgery, you are usually asked to sign a consent form in the clinic, and you will be given an opportunity to ask any questions you may have.

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 to help to reduce your pain into the joint itself, under X-ray guidance. This ensures that the injection is introduced correctly into the small joint space.

An alternative surgical procedure is a 1st MTP joint fusion to permanently fuse (stiffen) the two bones adjacent to the joint, thereby preventing any movement at the joint.

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.

General anaesthetic is drug-induced unconsciousness: an anaesthetist, who is a doctor with specialist training, always provides it.

General anaesthetic 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 paralysis and death.

A local anaesthetic / sedation involves being given an injection to 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.

The risks of anaesthetic 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 before you are due to have this treatment.

Getting ready for your operation

You will be assessed to see if you are fit for the anaesthetic and will be seen in the pre-operative clinic before you are admitted to hospital. Here you will be asked questions about your general health, past medical history, current medication, allergies etc. and will undergo some pre-operative tests, e.g. blood tests, heart test etc., as appropriate.

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 8.30 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 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.
- 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 approximately 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. Anaesthetic 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 flexible-soled post-operative sandal, which you will have to wear every time to get up to walk.

You will return to the ward with your foot lightly 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.

The flexible-soled sandal will allow the great toe to bend slightly on walking. Initially you will need to walk using crutches to help to reduce your pain in the early post-operative stage. This helps you by not putting all your weight through your operated foot, usually for up to the first two weeks.

You will require an overnight stay following your surgery to allow the introduction of an intensive exercise regime, under the instruction of the ward physiotherapist. (Please refer to PIF1888 V1 leaflet; Great toe joint Exercises following ROTO-glide Joint replacement surgery).

This exercise regime needs to be followed and continued on discharge. As it is essential to the success of your surgery, you will also be required to attend out-patient physiotherapy appointments, to monitor your progress closely and ensure you are carrying out the exercises effectively.

You will need to use the flexible-soled post-op sandal for about six weeks, after which time you will have a check-ray and review by your specialist in clinic.

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 eight to 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.

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.

Returning to work

You can self-certify for the first seven days of sickness. Before you are discharged, a medical certificate (sick 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 already be well underway with intensive great toe exercise regime and if you are experiencing any problems with the exercises, please inform the specialist nurse and let your physiotherapist know so that extra tuition can be provided

You will also need to return to follow-up clinic six weeks after your surgery when you will hopefully be re-introduced to normal footwear again depending on your X-ray result and the opinion of your specialist.

The shoes you need to bring with you should be flat, roomy with a thick flexible sole e.g. trainers or flat trekking type sandals which can be adjusted easily to allow for any swelling.

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

Further Information

If you have any queries or concerns please let us know on the telephone numbers below

Orthopaedic Specialist Nurse

Tel: 0151 282 6000 and ask for bleep 4634

Text phone number;18001 0151 282 6000

Or contact

Foot and Ankle secretaries

Tel: 0151 282 6746/6813/6918 to leave a message

Text phone number: 18001 0151 282 6746/6813/6918

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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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