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Patient Information: Cheilectomy

What is a Cheilectomy?

A cheilectomy is an operation to remove extra bone (a spur) that forms on the top of the big toe joint. It can be done through an open technique or through a minimally invasive technique (key hole surgery).

The surgeon during the consultation would have discussed the options.

The commonest reason for excess bone over the big toe is osteoarthritis, or 'hallux rigidus'

Hallux rigidus is the medical name for arthritis of the big toe. It literally means 'stiffening of the big toe'. It affects the joint base of your first toe called the metatarsophalangeal joint, or MTP joint, and is the most common site of arthritis in the foot.

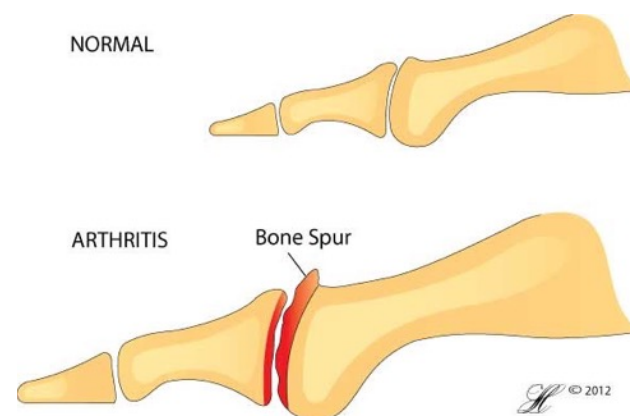
The pain and stiffness of hallux rigidus leads to difficulty walking and bending the toe. It is a condition caused by

the wear and tear of the lubricating cartilage that lines the joint. As the cartilage wears away, the bone becomes scarred and overgrows near the edges, resulting in bony spurs or 'osteophytes' that reduce the movement of the toe.

There are a number of effective treatments for hallux rigidus, including pain killers and special footwear or insoles to ease the pain.

If pain is not relieved by one of the above options, surgery may be needed.

Cheilectomy would be the surgery of choice for less severe arthritis, whereas a joint fusion may be the surgery of choice for more severe arthritis.



Possible risks/complications of surgery

Common but minor risks can include:

Pain – This can be worse in the first few days after surgery but responds to the prescribed painkillers. As time passes and your body starts to heal, this pain will reduce and you will only need simple painkillers (like anti-inflammatory or Paracetamol) until the pain settles completely.

Swelling – Operated feet tend to swell and this can last for several months.

Infection – as with all invasive procedures there is the risk of infection, more so in those patients who are diabetic, suffer from rheumatoid disorders or smoke.

Scarring – any type of surgery will leave a scar, occasionally this will be painful and inflamed.

Blood or fluid leaking from the wound – This is common and usually stops after a day or so.

Bruising or discolouration – This is almost inevitable after surgery. However, if you get a lot of bleeding, a white toe or a black toe, let the team know.

Minor redness around the wound – as with all surgery there is the risk of infection and some minor redness of the wound can happen and the wound edges take longer to heal fully. You may need antibiotics to get this to settle. Risks are higher if you are diabetic, suffer from a rheumatoid condition or smoke.

Prominent metal work – In some cases the screws or plates (if used during your operation) can become prominent under the skin and you will need to have them removed at a later date.

Numbness – After surgery you are likely to have some minor numbness and tingling around the scar due to damage to small nerves.

The most important complication that needs to be considered is failure of the cheilectomy to adequately improve pain and function in the toe. In these cases a follow-up fusion operation (arthrodesis) may need to be performed.

Less common but more significant risks:

Failure of the bone to unite – this may occur in operations where the bone is fused. Some people heal slower than others and those who smoke are at a greater risk of this occurring. The surgeon may decide not to perform surgery unless you refrain from smoking.

Deep Infection – Although the operation is performed under sterile conditions and all precautions are taken to prevent this, a deep infection may happen and if the wound does not settle on antibiotics, you may need further operations.

Blood Clots – because you won't be able to move around as much after surgery, you can get blood clots in the veins (deep vein thrombosis or DVT) which can lead to pain and

swelling of the calf or thigh. In very rare cases these blood clots can travel to your chest (pulmonary embolism) and can be fatal. Your surgical team will probably discuss whether you should have thromboprophylaxis (drugs to reduce, but do not completely eliminate the risks of blood clots).

Thick (keloid) scar – Scars which grow excessively can occur in some people and cannot be predicted although you are at greater risk if you have previously keloid scar. Special dressings, injections into the scar or rarely surgery may become necessary to improve the appearance.

Delayed healing of the bone – This may happen if your bone is cut or fused. Some people heal slower than others and those who smoke are at a greater risk of this happening. If the bones don't seem to be knitting together, you may have to take weight off the area for longer or need more surgery.

Bone healing in a wrong position – This can sometimes happen and you need more surgery.

Persistent or recurrent symptoms – In some cases, you may continue to suffer pain and the foot may be deformed. You may need surgery or other measures.

Broken bone or metalwork – A bone could fracture or a metal pin or screw could break during or after surgery and you may need another operation.

Developing secondary problems – This can include overloading areas close to the ones operated on. In other words, surgery on your big toe may lead to pain transferring to the second toe or unusually, an overcorrected bunion may lead to a reverse deformity. A fused ankle joint can cause an overload of the surrounding hind foot joints and cause pain. Surgery to the newly affected areas may be needed.

Chronic pain – This is rare but a syndrome (such as chronic regional pain syndrome CRPS) can cause swelling, stiffness, pain and colour and temperature changes to the foot. Treatment includes medication and physiotherapy and it could take several months to improve. Doctors are still not sure exactly what causes this syndrome.

Toe deformities – In surgery to the toes, a toe can become floppy or stiff or heal in an abnormal position which might need further surgery.

Damage to the blood vessels – If the blood supply to part of the foot is damaged, it could lead to an area of permanent damage which needs surgery, but this is rare.

Nerve injury – If a larger nerve supplying the foot becomes damaged or caught in scar tissue, it could lead to on-going pain, numbness and tingling. This damage often doesn't last and the sensation usually returns over a period of time. However, in some cases it can be long-lasting or permanent and need further surgery.

Amputation – In very rare cases, part of the foot or lower leg may need to be removed if there is severe infection or blood–vessel damage or uncontrolled pain.

Death – This also is extremely rare for foot and ankle surgery but can happen if you have other medical conditions such as heart problems.

What do I need to do before the operation?

In most cases, you will not need to stay in hospital overnight for a cheilectomy. It is a good idea to get things organised for when you get home. Below is a list of things it might be a good idea to organise:

- Help with household tasks.
- Food cupboards stocked up.
- Help with shopping.
- Help with children, pets and relatives organised for your return home.
- Someone to bring you to and from the hospital.

What can I expect after the operation?

When you arrive back on the ward from theatre your leg will be in a bandage and a post op shoe. Your leg will be elevated to reduce swelling. Your foot will be numb due to the local anaesthetic block.

This will gradually wear off over 24 hours.

You will be able to take full weight on your foot immediately and will be encouraged to start moving the toe as soon as the wound has healed (approximately 12 days). Taking weight on your foot normally will help regain movement.

If you're feeling unsteady, a physiotherapist can give you crutches and show you how to negotiate stairs. You are still encouraged to move your toe as soon as possible.

What about pain?

Whilst you are in hospital you will be monitored and the medical staff give you painkillers as needed. The Nursing staff ensure that you know what medications to take for pain when you get home.

Keeping your leg elevated helps to control the pain and minimise the risk of your incision becoming infected. You will need to keep your leg elevated most of the time for the first 2 weeks. This prevents your incision from leaking and becoming infected.

When can I return to work?

Your own circumstances will determine when you feel ready to go back to work. If you have an office–type job and you can elevate your leg then you should be able to return to work sooner. If your job requires a lot of walking or is strenuous then you may need more time off work. You will need to get a sick certificate from the staff at the hospital before you go home, or from your GP.

When can I return to driving?

You must be free of pain and able to perform an emergency stop. This will also depend on which foot was operated on (right or left). If you have had left sided surgery and drive an automatic car you may be able to drive 2–4 weeks following surgery.

Your insurance company must be notified regarding the type of operation that you have undergone to ensure that cover is valid.

What should I do if I have a problem?

If you experience severe pain, excessive swelling, inflammation or discharge please report it to your GP. If you cannot contact your GP you should contact A&E.