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BILATERAL 1st METATARSOPHALANGEAL JOINT FUSION

INTRODUCTION

The joint at the base of the big toe (1st metatarsophalangeal joint) is commonly affected by arthritis. Fusion of the joint is the most reliable method of relieving pain and improving function. After 1st metatarsophalangeal joint fusion, most patients have little or no discomfort and are able to live a very active life.

THE SURGERY

1st metatarsophalangeal joint fusion surgery has a number of steps. These include:

i. general anaesthetic, intravenous antibiotics
ii. incision along inside of big toe
iii. removal of remaining joint cartilage
iv. insertion of bone stimulating factors
v. fixation with plate and screws
vi. check x-ray
vii. closure of wound with stitches/sutures
viii. insertion of Painbuster (local anaesthetic infusion pump)

RISKS OF SURGERY

All surgical procedures carry some risk. Fortunately, the risk of complications with 1st metatarsophalangeal joint surgery is low (in the vicinity of 20%). Some of the risks of surgery include:

- Infection
- Problems with wound healing that may require antibiotic treatment, readmission to hospital, further surgery including plastic surgery and/or other treatments
- Nerve injury causing pain, numbness tingling and/or pins and needles
- Ongoing pain
- Complex regional pain syndrome
- Scarring
- Non-union (the bones don't fuse together)
- Mal-union (the bones don't fuse in the correct position)
- Deep venous thrombosis/pulmonary embolism. (The risk of DVT increases with smoking, the oral contraceptive pill and hormone replacement therapy, immobility and obesity).
- Insufficient blood flow resulting in loss of toes, foot or limb
- Drug allergy / anaphylaxis
- Further surgery
- Anaesthetic complications including heart attack, stroke and death

GUIDELINES FOR EXPECTED POST OPERATIVE RECOVERY

Keep foot elevated as much as possible, especially for initial 72 hours. Keep dressings dry and intact until post operative appointment.

Removal of stitches/sutures: 10-14 days at first post operative appointment.

Pain killers may be required for up to 6 weeks.

- Protected heel weight bearing for 6 weeks
- Post-operative heel weight bearing wedge sandal
- Crutches as required.

Recommencement of most activities: 12 weeks.

Full recovery: 3-6 months.

Every patient's recovery is individual and depends on the severity of the pathology and the complexity of the surgery.

ANY PROBLEMS

During office hours contact Dr Wines' office on (02) 9409 0563. After hours please contact the hospital where your surgery was performed.