

# **DR ANDREW WINES MBBS FRACS (Orth) FAOrthA**

## **Adult and Paediatric Orthopaedic Surgeon**

### **Foot, Ankle and Trauma Surgery**

## **FOREFOOT RECONSTRUCTION**

### **INTRODUCTION**

Rheumatoid (and other arthritis) often results in deformities of the forefeet. In most cases there is a large bunion (hallux valgus deformity) of the joint at the base of the 1<sup>st</sup> toe with advanced degenerative changes of the joint cartilage. The 2<sup>nd</sup> to 5<sup>th</sup> toes are frequently malaligned, resulting in painful callosities over the joints of these toes and pain at their bases. A forefoot reconstruction aims to improve the alignment of the forefoot and significantly decrease pain.

### **THE SURGERY**

Forefoot reconstruction surgery involves a number of steps. These include:

- i. General anaesthetic, intravenous antibiotics.
- ii. Incision along the inside of the big toe.
- iii. Fusion of the joint at the base of the big toe.
- iv. Two incisions on the top of the foot.
- v. Removal of bone at bases of 2<sup>nd</sup> to 5<sup>th</sup> toes.
- vi. Straightening of 2<sup>nd</sup> to 5<sup>th</sup> toes.
- vii. Insertion of wires into toes.
- viii. Check x-ray.
- ix. Closure of wound with stitches/sutures.
- x. Infiltration with local anaesthetic and insertion of Painbuster (local anaesthetist infusion pump).

### **RISKS OF SURGERY**

All surgical procedures carry some risk. Fortunately, the risk of complications of forefoot 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 and stiffness
- Non-union (the bones don't fuse together)
- Mal-union (the bones don't fuse in the correct position)
- Recurrence or over correction of the deformity
- Migration of wires
- 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 dressings dry and intact until post operative appointment. Keep foot elevated as much as possible, especially for initial 72 hours.

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

Pain killers may be required for up to 6 weeks.

Weight bearing as comfortable in post-operative sandal for 6 weeks

Wires are removed from the toes in theatre with sedation 4-6 weeks following the initial surgery.

Resumption of most activities: 6 months.

Full recovery: 9-12 months.

Every patient's recovery is individual and depends on the severity of the injury 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.