

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

## **Adult and Paediatric Orthopaedic Surgeon**

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

#### **PIP / DIP JOINT ARTHRODESIS (FUSION)**

##### **INTRODUCTION**

Toes become mal-aligned for a number of reasons. In the majority of cases, toe deformities result from imbalance between the muscles that move the small joints of the toes. Often this results in joints that are flexed resulting in painful callosities.

##### **THE SURGERY**

Toe correction surgery has a number of steps. These include:

- i. Lengthening the tendons on the top and/or bottom of the toe
- ii. Releasing and stabilising the joint at the base of the toe (metatarsophalangeal joint)
- iii. Fusing (stiffening) one or more of the small joints of the toe (interphalangeal joints) with either a screw or wire
- iv. On some occasions an osteotomy (realignment) of the proximal phalanx (the bone at the base of the toe) is also performed

##### **RISKS OF SURGERY**

All surgical procedures carry some risk. Fortunately, the risk of complications with corrective toe surgery is relatively 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)
- Recurrence of the deformity
- Migrating 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.

Pain killers may be required for up to 6 weeks.

Weight bearing as tolerated in post-operative shoe.

If the joint is fused using a wire, it will need to be removed under sedation in an operating theatre 6 weeks after the initial surgery.

Resumption of most activities: 12 weeks.

Full recovery: 6 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.