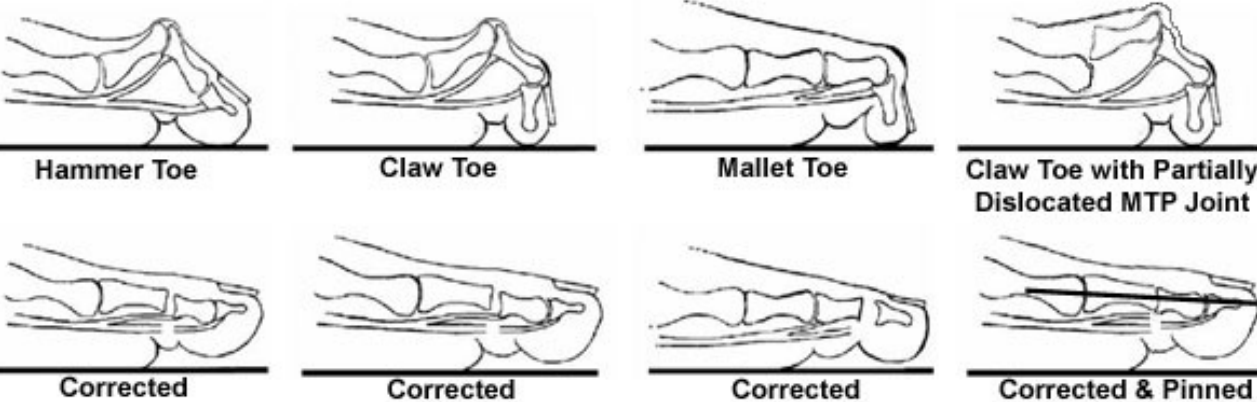


TOPIC		Hammer – Claw – Mallet Toe			
PROCEDURE		IP JOINT ARTHROPLASTY or FUSION Soft tissue release			
	 <p>Hammer Toe Claw Toe Mallet Toe Claw Toe with Partially Dislocated MTP Joint</p> <p>Corrected Corrected Corrected Corrected & Pinned</p>				
AIMS OF SURGERY		To reduce pain and deformity. To improve the toe alignment [make straighter].			
ADVANTAGES OF THIS OPERATION		Reduces the instability / malalignment which is the cause of the deformity			
SPECIFIC RISKS OF THIS OPERATION		Recurrence of the deformity Toe may not touch the ground 10% (floating toe) Increased prominence of adjacent toes		Pins (where used) may become loose -necessitating early removal – impairing result Revision surgery is necessary in 2% Infection in 3%	
OVERVIEW					
Operation time		Usually between 15 – 30 minutes			
Incision placement / stitches		Usually on top of the toe and with absorbable or standard stitches			
Procedure		A small piece of bone is removed from the small joint in the middle of your toe. Sometimes a wire is used to fuse the joint straight. If necessary, the joint at the base of the toe may be released and the tendon lengthened.			
Fixation		A wire may be used to stabilise the toe whilst it is healing and is generally left sticking out of the end of the toe. This will need to be removed in clinic.			
Will I have plaster?		No			
Is this a Day Procedure?		Yes, you can usually go home the same day			
Estimated time off work		Non-manual work approximately 4-6 weeks Manual work 6-8 weeks			
INDICATIONS FOR THE PROCEDURE		Painful hammer – claw – mallet toe deformity Painful / prominent joint Difficulty with shoe fit despite wearing sensible footwear			
ALTERNATIVE TREATMENTS		Manage your symptoms by changing / activity levels, using painkillers, altering / footwear style. The use of toe protectors, regular podiatry care.			
PATIENT REPORTED OUTCOMES		The general risks of foot surgery are outlined in the Pre-operative Information Booklet which is provided in addition to this leaflet YOU SHOULD READ THIS LEAFLET IN CONJUNCTION WITH THE PREOPERATIVE INFORMATION BOOKLET			
MORE INFO BY:		1 Speaking with your consultant or one of his team 2 Reading the information provided			