

Forefoot (Rheumatoid) Reconstruction

INTRODUCTION

Rheumatoid (and other types of inflammatory arthritis) often results in deformities of the forefeet. In most cases there is a large bunion (hallux valgus deformity) at the big toe joint with advanced degenerative changes of the joint cartilage. The 2nd to 5th toes are often mal-aligned, resulting in painful callosities over the joints of these toes and pain under the balls of the feet. A forefoot reconstruction aims to significantly decrease pain, and improve the alignment of the forefoot and ability to wear normal shoes.

THE SURGERY

Forefoot reconstruction surgery involves:

- General anaesthetic and IV antibiotics
- Tourniquet around the thigh
- Incision over the top of the big toe joint
- Correction of the deformity with fusion of the big toe joint (1st metatarsophalangeal joint) with a plate and screws
- Two further incisions on the top of the foot
- Removal of bone at the bases of the 2nd to 5th toes (2nd to 5th metatarsal head resection)
- Straightening of 2nd to 5th toes (soft tissue releases and joint fusions) and insertion of wires
- Check x-ray
- Closure of incisions with sutures
- Local anaesthetic block
- Surgical shoe

GUIDELINES FOR POST-OP RECOVERY

PRE-OPERATIVELY

- Cease certain immunosuppressant medications as advised by Dr Zilko & Rheumatologist

HOSPITAL ADMISSION

- In hospital for 1 night, IV antibiotics

FIRST 2 WEEKS

- Elevate foot and rest
- Full weightbearing as tolerated in surgical shoe (put weight through heel, not through toes)
- Surgical shoe on at all times (including bed/shower)
- Crutches for balance if required
- Dressings to stay completely dry and intact
- Strong painkillers as required
- Aspirin 100mg and Vitamin C 1g per day
- Antibiotics for 5 days

2 WEEK POST-OP APPOINTMENT

- Review by nurse and removal of dressings & sutures

WEEKS 3-6

- Full weightbearing as tolerated in surgical shoe (put weight through heel, not through toes)
- Surgical shoe on at all times (including bed/shower), except for scar massage/exercises
- Daily scar massage from 3 weeks post-op
- Elevate foot when not walking
- **REHAB - PODIATRY/PHYSIOTHERAPY:**
 - Joint mobilisation, soft tissue manipulation, nerve desensitisation
 - Foot intrinsic muscle exercises

6 WEEK POST-OP APPOINTMENT

- X-ray and review by Dr Zilko
- Removal of wires from toes

FROM 6 WEEKS

- Transition to normal stiff-soled supportive shoes
- Continue podiatry rehabilitation (as necessary)

3 MONTH POST-OP APPOINTMENT

- X-ray and review by Dr Zilko

FROM 3 MONTHS

- Return to normal activities as tolerated

Full recovery is usually 9 to 12 months.

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