

CHEILECTOMY OF THE HALLUX METATARSOPHALANGEAL JOINT

Postoperative Recovery Protocol

Type of Procedure: Regional
Length of Procedure: 30 minutes
Anesthesia: local with sedation (twilight)

Hallux rigidus: What is it?

Movement of the big toe joint occurs typically in an up and down plane only (dorsiflexion and plantarflexion). The normal upward movement or dorsiflexion is approximately 75 degrees, and the downward movement or plantarflexion is 25 degrees. When the big toe has limited movement, we call this hallux rigidus.

This condition is often but not always associated with some form of arthritis of the big toe. Treatment of hallux rigidus often has to be surgical but the joint can be made more comfortable with an appropriate shoe modification. We frequently use orthotic arch supports to help this condition and these are very useful following surgery to prevent worsening of the arthritis. We will do a computer gait analysis of the foot and make the orthotic arch support based upon this.

The shoes are modified by stiffening the sole, inserting a very stiff orthotic support in the shoe and sometimes adding small rocker effect (a metatarsal bar) which is glued on to the bottom of the sole of the shoe. The thinner the sole of the shoe, and the higher the heel, the worse are going to be the symptoms from this condition, because more stress is placed on the big toe joint, which obviously increases pain.

The surgical treatment for hallux rigidus is determined by the extent of the arthritis in the big toe joint. For the more minor type of hallux rigidus, shaving of the bump of the bone on top of the metatarsal is sufficient, and this is referred to as a cheilectomy. If the movement of the big toe joint is stiff, then a cheilectomy is not sufficient and an additional bone cut may need to be performed on the big toe itself, (an osteotomy of the phalanx)

Cheilectomy: What is this operation?

- The operation is performed for a type of arthritis of the big toe joint
- As a result of the arthritis, there is limited upward (dorsiflexion) movement of the big toe
- The operation helps improve the pain that you get as the big toe bends up
- In addition to the improvement in pain, some improvement in movement of the toe is also a goal, but not always possible due to arthritis
- The key to a successful operation is to begin bending of the big toe soon after surgery
- As soon as pain permits, you need to start bending the big toe upwards, and this will ultimately improve the final outcome
- Because the underlying condition is from arthritis of the big toe, the final outcome will depend upon the further development of this arthritis



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Specific Post-Operative Course:

Day 1

- Foot wrapped in bulky bandage and shoe
- Ice, elevate, take pain medication
- Expect numbness in foot 12-24 hours then moderate pain

Day 3

- Start walking on the foot in surgical shoe
- You can remove the surgical shoe at night, but may be more comfortable with it on
- Moderate pain – continue pain medication
- Ice, elevate as much as possible
- Remove dressings, can clean the incision with antibiotic ointment

Day 7

- Continue walking in surgical shoe
- You may drive in the surgical shoe (if left foot, may be able to drive sooner)

Week 2-4

- Remove shoe
- Stretching exercises of the big toe, 3x day for 5 minutes at a time
- May begin to wear an exercise shoe by 4 weeks
- Physical therapy to regain movement is helpful
- There are no limitations to activity at this time other than caused by pain and swelling
- Stretch the big toe upwards in exercise for ten minutes three times a day
- This toe exercise must continue for two months
- Use the orthotic arch supports regularly

