

Hammer or Mallet Toe Correction

A hammer toe is a deformity of the “knuckle” of the second, third, or fourth toe causing it to be permanently bent, resembling a hammer. Mallet toe is a similar condition affecting the end joint of the toe. A hammer / mallet toe is often found in conjunction with bunions or other foot problems. It can also be caused by muscle, nerve, or joint damage resulting from conditions such as osteoarthritis or rheumatoid arthritis.

Is surgery the answer for you at this point?



Before being offered this operation, **you will need to have tried simple measures** such as wearing wider shoes, deeper shoes as well as padding the problem toe or prescribed insoles.

If these fail to improve things you should be examined and counselled by a member of the foot and ankle team again. They will help you make the decision of whether risks of surgery outweigh current and future symptoms if surgery is not done at this point. **Smoking and poorly controlled diabetes increases risks significantly and should be addressed before surgery.**

What does the operation involve?

The operation is done as a day case but come prepared in case you need to stay overnight. The operation is normally performed with general anaesthetic and nerve block (which means numbing the nerves of the foot). The operation involves an incision over the bent joint of the toe. The joint is removed and fixed using a metal wire. A soft tissue release (lengthening or transferring tendons) is often needed at the top joint of the toe. The metal wire is used to temporarily hold the toe straight whilst bone healing occurs and is then removed six weeks later in the outpatient clinic.

Typical post-operative period

You can weight bear as tolerated straight away in the surgical shoe provided
 You must keep your foot raised **above your hips** as much as possible week 1.
 Dressing will be taken down, sutures trimmed and toe mobilised at two weeks
 Off work for between 2 and six weeks depending on your job
 X-ray at 6 weeks to confirm the bones have healed
 No driving until you can do an emergency stop - typically for six to eight weeks
 The soft tissue swelling will last for between **two and six months**.

What are the possible complications of surgery?

- Infection requiring antibiotics or further surgery
- Sensitive scars or toe numbness
- Joint stiffness
- Over-correction, under-correction or recurrence of the deformity
- Failure of bone healing (non-union) / breaking of wire
- Clots in the leg (DVT) that can very rarely lead to fatal clots in the lungs (PE)
- Regional Pain Syndrome – whole foot swells and becomes overly sensitive