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Hallux Rigidus: Cheilectomy, Excision Proximal Phalanx Great toe

Hallux Rigidus is a degenerative, wear and tear condition of the metatarsal phalangeal joint (MTP joint) of the great toe. It refers to degeneration of cartilage and/or bone spurs at base of the great toe. It can restrict motion and become quite painful.

Conservative treatment includes shoe modification, orthotics or metatarsal pads which may help redistribute weight and restrict the motion that causes the pain. If discomfort persists despite conservative treatment, then surgery needs to be considered. The goal of surgical correction is to alleviate pain and improve function.

Surgery

The main goal of your surgery is to decrease pain symptoms, improve function and mobility and cause as little of an inconvenience to you and your family as possible. A Cheilectomy and excision of the proximal phalanx procedure involves removing the bony spurs and improving the alignment of the great toe that is restricting the joint motion and causing pain.

Your surgery is done at the Hospital for Special Surgery which is located at 535 East 70th Street between York and the river. It is done as an outpatient procedure. You will arrive at the hospital the day of surgery and will not stay overnight. The type of anesthesia used is usually an ankle block where an anesthetic block is administered which numbs the foot below the ankle. You will speak to the anesthesiologist prior to surgery and can be as sedated as you would like. You may have an intravenous (IV) running throughout the procedure.

Before Surgery

Do not eat or drink anything after midnight the night before surgery. You may take your high blood pressure medications with a small sip of water. Stop all aspirin, Ibuprofen, Advil, Motrin, Aleve, Naprosyn or any other Nsaids-non-steroidal anti-inflammatories one week before surgery. These medications thin your blood and may delay bone healing. Mobic/Celebrex can be taken up to a week before surgery. If you take Prednisone or any other steroid, the dosage should be reduced as much as it is safely possible as steroids delay wound and bone healing. Any Rheumatoid Arthritis medication such as Enbrel, Remikade, or Methotrexate should be stopped 2 weeks before and after surgery. If you take a blood thinner such as Coumadin, please let us know and we will speak to your primary care physician about safely stopping it.

Vitamin D Level

A normal Vitamin D level is imperative for good bone healing after surgery. Your Vitamin D level will be checked prior to surgery. It is recommended you take over the counter Vitamin D3 1000mg 1-2 daily after surgery

Swelling and Elevation

You should spend the first 5-7 days after surgery elevating your operative foot. This means you keep your toes above your heart or at the level of your nose 90% of the time. You may get up to use the restroom and eat your meals but the majority of the postoperative period should be elevating your leg. This elevation helps decrease pain, decrease swelling, and therefore decrease the risk of infection. During the second week, you should elevate the foot about 60-70% of the time. Your foot will begin to throb, swell, and become more painful if you are not elevating it enough.

Crutches/Walker/Roll-A-Bout

Most Cheilectomy surgeries require you to be non weightbearing for the first 1-2 weeks after surgery. This means you will use crutches or a walker to keep all your weight off the operative foot. The Roll-A-Bout device is a 4 wheeled walker that you can order which may be easier depending on your lifestyle needs.

Pain Control

In the first 48-72 hours after surgery, you should take your pain medication every 4-6 hours. Do not take your pain medication on an empty stomach. You may be given a prescription medication, Vistaril (Hydroxyzine Pamoate), which may be taken with your pain medications to decrease nausea caused by the pain medications. The first 3 days after surgery, you should take Advil 200mg every 4-6 hours with food. After postop day 3, do not take Advil, Ibuprofen, or any other NSaids (non steroidal anti-inflammatories) because these medications may delay bone healing.

Anti-Depressant Medication

SSRI Anti-Depressant Medications have an adverse affect on bone healing. If possible, please take the lowest and safest dosage of SSRI meds. If you would like us to speak to your prescribing doctor, please call the office.

Bathing

It is crucial that your dressing remain dry and intact during the first 2 weeks after surgery. We recommend a "bird bath" for the first 2 weeks. You may also obtain a plastic cast covering called Seal Tight (purchased at your local surgical supply store) to cover your dressing so you can sit and shower. If your dressing gets wet please call and come in for a dressing change. You will be able to get the operative foot wet approximately 3 weeks after surgery

Scar Healing (see Scar Healing handout)

Once cast is removed, you may use silicone gel strips, Vitamin E, Cocoa butter, etc. for scar healing.

Pin Removal

Cheilectomy surgery may require the use of stainless steel screws, which stay in permanently unless they begin to bother you. Some Cheilectomy surgeries require the use of temporary pins, which are removed at 5-6 weeks. This is an in-office procedure, which takes approximately 30-45 minutes. We take an x-ray of your foot, give you some local anesthesia, and remove the temporary pins. You will be able to heel weight bear after the procedure and schedule an appointment 2 weeks after for suture removal. This hardware may or may not set off airport alarms. You can obtain an airport hardware card in the office.

Dental work after surgery

Due to the hardware in your foot, you will need prophylactic antibiotics an hour before any dental procedures the first 6 months after surgery. After 6 months, pre dental work antibiotics are not necessary.

Work

If you have a sit down job you may return to work 5-7 days after surgery. Jobs that require standing or moving around should be returned to later and we can discuss this. Commuting to work on a crowded subway, train, or bus is not recommended while you are non-weight bearing.

Driving

If your surgery is done on the right foot, we do not allow driving for 5-6 weeks. If the left side is operated on, you may drive after 2 weeks.

Shoewear

After approximately 6-7 week after surgery you can start wearing a sneaker. Sometimes swelling lasts for up to 6-9 months so a wider, larger size sneaker may be necessary. Usually by 12 weeks you can progress to a shoe.

Complications

With any type of a surgery there is a small chance of a wound infection. If a wound infection does occur we will treat you with the appropriate wound care. After surgery, you may feel some stiffness in the great toe joint. (1st MTP joint) We will teach you exercises to decrease this stiffness and increase your motion in the big toe joint.

Surgery should give you substantial relief and improved foot function. We are committed to your receiving excellent care. If you have any questions or problems, do not hesitate to call Kristine Viscovich, Nurse Practitioner or Dr. Jonathan Deland at 212-606-1665 or e-mail viscovichk@hss.edu

Cheilectomy Surgery

Post Operative Visits	First Visit 12-14 days after surgery	Second Visit 5-6 weeks after surgery	Third Visit 11-12 weeks after surgery
Treatments	<p>You will be seen by the Nurse Practitioner, Kristine</p> <p>Stitches will be removed</p> <p>You will begin weightbearing primarily on your heel in the post operative shoe</p> <p>Use crutches/walker. Roll-a-bout</p> <p>You will start big toe joint range of motion exercises</p>	<p>You will be seen by Dr. Deland and Kristine</p> <p>Non weight bearing foot x-ray</p> <p>If temporary pins were placed at the time of surgery, the pins will be removed in an office procedure</p> <p>Progress to sneakers or wide, comfortable shoe at the 6-7 week point.</p> <p>You will start more aggressive range of motion exercises</p>	<p>You will be seen by Dr. Deland and Kristine</p> <p>Weight bearing foot x-ray</p> <p>Return to most of your usually physical activities</p>