Pan metatarsal head resection (toe bone surgery)

Introduction
This leaflet will explain what will happen when you come to the hospital for an operation to remove all or some of the metatarsal heads because of the prominence of the bones under your foot.

Why do I need this surgery?
This type of surgery was initially recommended for people with Rheumatoid Arthritis and is an established and widely practised operation. Arthritis and the poor alignment of your joints causes pain, stiffness and deformity of the toes. You will probably already have tried wearing insoles and possibly orthopaedic shoes to help with your symptoms. Removal of these bones is the preferred treatment because the level of deformity is significant and quality of the bone is poor and this makes realignment of joints technically complex and unlikely to work. For this reason removal of the bones is the best treatment to address your problems. Surgery involves removal of the metatarsal heads (top bones of the toes) and possibly the base of the toes.

What does surgery involve?
On the day of surgery you will be admitted to the ward and one of the nursing staff will check you in, take your blood pressure and any other tests that may be required. The surgeon will remind you of the surgical process and possible complications and ask you to sign a consent form. You can eat before the operation as it is under local anaesthetic only – the surgeon will numb your foot via a series of injections around the ankle or the back of

The picture to the left shows a left and right foot, the left foot has not had the procedure done and the right foot is post operative and has had a pan metatarsal head resection.
your knee. At some point during the morning/afternoon you will be escorted to theatre. You may bring a personal stereo, book or ipod with you.

The operation lasts about 60 minutes. You will not see anything and your surgeon will make sure that your foot is numb.

After the operation you will be taken back to the ward and once able you should start taking your painkillers. One of the team will see you on the ward after the operation to answer any questions that you might have and make sure that you are fit to leave hospital. You will be supplied with a special post-operative boot to wear. Crutches and plaster casts are not normally needed.

You should not drive after foot surgery and should be accompanied home by a responsible adult.

You will be advised of your follow up appointment date, either on the day or by letter in the post.

How will I feel afterwards?

Although long-acting local anaesthetic, administered during the procedure, should control most of the pain for about 8 to 10 hours, you can expect some pain or discomfort after the operation. Painkillers will be discussed with you prior to your operation and you should bring these with you on the day of surgery.

Recovering from surgery

The first 2 days

Restrict your activity to going to the toilet only. You will be able to stand and take weight on your heel. Bend your knee and ankle periodically to stimulate circulation. Most people are able to stop taking their painkillers after 48 hours. Do not leave the house, drive or get the foot wet.

2-7 days

You should aim to be moving around for a total of 15-20 minutes in each hour resting with your foot elevated for the remaining 40 minutes. You can walk with your foot flat on the ground. Do not go out of the house, drive or get your foot wet.

At 7 days

Your foot will be checked in the outpatient clinic and your dressings will be changed. Your surgeon may advise you to increase your activity but you should still stay in your house, do not drive and keep your foot dry. Keep wearing your post-operative boot.

At 14 days

The stitches will be removed if the wound has healed. You may wash and bathe normally and apply moisturising cream to the wound. You should be able to get into a wide shoe or trainer and start moving as much as you are comfortably able to. Apply regular ice packs to the foot to reduce swelling.
After 8 weeks
Over the 8-10 week period after surgery, the foot gradually returns to normal and the swelling reduces. You may apply ice compresses to the foot to lessen swelling, and massage the operative area with hand cream to improve the skin condition.

What are the possible risks and complications?
The successful outcome of any operation cannot be guaranteed. The following information outlines the more common complications relating to foot surgery in general and more specifically to the type of operation that you are having.

General complications of foot surgery
- **Pain.** There will be post-operative pain. For most people the pain passes after 24-48 hours and is tolerable with regular painkillers (following dosage recommendations).
- **Swelling.** This is a normal outcome of any operation. The extent of post-operative swelling varies and cannot be predicted. In some people the swelling reduces within a matter of weeks and in others could take many months. Application of an ice pack greatly reduces swelling.
- **Infection.** There is a small risk of infection with all surgery. If this occurs it will be treated with relevant antibiotics. Look out for redness and discharge from the wound.
- **Deep Vein Thrombosis.** Also known as Venous Thromboembolism (VTE), this is a rare complication of foot surgery under local anaesthetic. The risk increases if you are having a general anaesthetic. There is also an increased risk if you take the contraceptive pill, HRT or smoke. Immobilising the leg in a cast also increases the risk of a DVT. If you have had a DVT in the past, please tell your surgeon. If you do have certain risk factors you will have an injection to thin your blood on the day of surgery. This might need to be repeated for up to 7 days following surgery.
- **Complex Regional Pain Syndrome (CRPS).** This is a rare but difficult complication. This is an abnormal response of the nervous system to surgery but can happen after simple trauma. This can lead to a variety of painful sensations in the foot, which require medical and pain relieving techniques.
- **Scarring:** As a result of your surgery you will have a scar on your foot. To begin with the scar will be raised, red and sensitive but with time it will normally settle.

Specific complications of Pan metatarsal head resection surgery
- The scar line may take a long time to heal and occasionally a callus can form underneath
- You may lose some sensation around the operation site.
- Sometimes the scar is sore and more noticeable than normal. This will normally get better with time.
- The toes can drift sidewards.
- The forefoot will be a bit floppy after this operation as a result of removing the joints.
The toes are unlikely to grip the ground properly.
Further surgery may be required.

**Useful contacts**
Day Surgery Unit, West Berkshire Community Hospital 01635 273492

Any concerns you may have during the first 24 hours following your discharge from hospital please telephone the ward you were on. After 24 hours please seek advice from your GP.

For more information about the Trust visit [www.royalberkshire.nhs.uk](http://www.royalberkshire.nhs.uk)

This document can be made available in other languages and formats upon request.

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