Sesamoidectomy (surgery to remove sesamoid bones)

Introduction
This leaflet will explain what will happen when you come to the hospital for an operation to remove small bones called sesamoids, which have become troublesome.

Why do I need this surgery?
Sesamoids are small bones that are found around joints, embedded within a tendon. They give very little trouble but occasionally pain occurs as a result of fracture, wear and tear arthritis or excess pressure. Sesamoids in the foot are found under the big toe joint (under the first metatarsal head).
Injury to the sesamoids can result in severe pain, swelling and bruising around the big toe. Patients find it difficult to weight bear and roll forwards on their foot when walking.

What are the treatment options?
Non-surgical treatments, such as anti-inflammatory medication, physiotherapy, avoiding triggering activities and wearing suitable orthotics/footwear may ease the pain and discomfort caused by the problem. However, if these non-invasive treatments are unsuccessful then surgery may be recommended.

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. Your surgeon will remind you of the surgical process and possible complications and will ask you to sign a consent form.
The operation is under local anaesthetic (you are awake but the foot will be numbed via a series of injections either around the ankle) so you can have a light snack before the procedure. Once the foot has gone numb you will be taken into the operating theatre.
The operation will take about 60 minutes. The wound will be closed with non-dissolvable stitches. You do not usually need to have your foot in a cast but you will be given a post-operative shoe to wear.
After the operation you will be taken back to the ward and given a drink and something to eat. You will be advised on pain relief and once ready you will be discharged from the day surgery unit.

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

This will vary depending on which sesamoid is operated on. If the medial sesamoid is removed (the one nearest to the inside of your leg/foot) then you will be weight bearing after two days of bed rest. Your stitches will be removed after two weeks as the incision will be on the side of your foot.

If the lateral sesamoid is removed (the one nearest to the outside of your foot) then you will non-weight bearing for three weeks. Your stitches will stay in for longer and there will most likely be more scarring as the incision will be on the bottom of your foot.

Recovery from medial sesamoidectomy (incision usually on side of your foot)

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 your home, drive or get the foot wet.

2-7 days
You should aim to be moving around for 20 minutes in each hour resting with your foot elevated for the remaining 40 minutes. 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. We may advise you to increase your activity but you should still stay in your home, do not drive and keep your foot dry. Keep wearing your post-operative boot.

At 14 days
At the second post-operative appointment you may have the stitches taken out but if the incision is on the bottom of the foot they may be left for up to 3 weeks. This is normally
painless. You will be advised to gradually increase your activity and gently exercise your big toe. You may wash and bathe normally and apply moisturising cream to improve your skin condition. You will be shown how to reapply a bandage, which you should do daily and that these can be removed at night. You should apply ice compresses to reduce any remaining swelling but stay in the post-operative boot during the day.

**At 4 weeks**

Your foot will gradually return to normal and the swelling will reduce. You may continue applying ice compresses to your foot several times each day to reduce swelling. You may now stop wearing the post-operative boot and change to wearing wide comfortable shoes such as trainers. If you drive, you may do so when you can walk comfortably. **If you don’t think you are fit to drive at this stage, don’t!**

**At 8 weeks**

You should be walking more normally now although you will still have some mild discomfort and swelling. You will be seen in the outpatient clinic for a check up and your foot will be examined.

**At 12 weeks**

You will be walking much more normally at this stage. Continue applying regular ice packs to reduce any remaining swelling. Gradually, you will recover strength, flexibility and mobility in your foot.

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**Recovery from lateral sesamoidectomy (incision usually on the bottom of your foot)**

**The first week**

Restrict your activity to going to the toilet only. You will be non-weight bearing on the leg that we operated on. Bend your knee and ankle periodically to stimulate circulation (half leg exercises). Most people are able to stop taking their painkillers after 48-72 hours. Do not leave your home, drive or get the foot wet.

**At 7 days**

Your foot will be checked in the outpatient clinic and your dressings will be changed. You should still stay in your home, do not drive and keep your foot dry. Keep wearing your post-operative boot and remain non-weight bearing.

**At 3 to 4 weeks (depending on how you were at the last appointment)**

At the second post-operative appointment you will usually have your stitches taken out (they may be left for up to 4 weeks). After stitch removal, which is normally painless, you will be advised on gradually increasing your activity and gently exercising your big toe. You may wash and bathe normally and apply moisturising cream to improve your skin condition. You will be shown how to reapply a bandage, which you should do daily and that these can be removed at night. You should apply ice compresses to reduce any remaining swelling but keep wearing the post-operative boot during the day.
After 4 weeks
Your foot will gradually return to normal and the swelling will reduce. You may continue applying ice compresses to your foot several times each day to reduce swelling. You may now stop wearing the post-operative boot and change to wearing your widest shoes, i.e. trainers. If you drive, you may do so when you can walk comfortably. If you don’t think you are fit to drive at this stage, don’t!

At 8 weeks
You should be walking more normally now although you will still have some mild discomfort and swelling. You will be seen in the outpatient clinic for a check up and your foot will be examined.

At 12 weeks
You will be walking much more normally at this stage. Continue applying regular ice packs to reduce any remaining swelling. Gradually, you will recover strength, flexibility and mobility in your foot.

What are the possible risks and complications?
No surgery can guarantee to be successful but the vast majority of people are satisfied with the outcome of their surgery. This information tells you about the more common complications relating to foot surgery in general and more specifically to this type of operation.

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 the swelling.
- **Infection.** There is a small risk of infection with all surgery. This would 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.
- **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 sesamoidectomy**

- 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 joint can stiffen up sometimes and lose some movement. This normally gets better with time.
- The pain can recur.
- Very occasionally, the big toe wanders to the side and could crowd the smaller toes or worse still, stick out the other way. This is rare.
- Removal of the sesamoid and subsequent reduction in pain can sometimes highlight other foot problems that you were not previously aware of.
- Occasionally, other foot joints can become painful as a result of sesamoid surgery.

This leaflet is intended as a guide only. The vast majority of patients who have sesamoid surgery have very good results. Occasionally, complications occur which alter the normal post-operative recovery outlined in this leaflet. These will be identified and discussed at your follow up appointments.

**Useful numbers**

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)

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