Silastic implant surgery

Introduction
This leaflet will explain what will happen when you come to the hospital for an operation to have a silastic implant inserted into your big toe joint.

Why do I need this surgery?
This operation is performed on the big toe joint because it has become badly damaged or worn by arthritis and there are few, if any, other options to deal with the painful joint. This will have been discussed with you at your first appointment with the team. The goal of this operation is to remove the arthritic and painful joint and replace it with a silastic (a silicon substance) spacer. This should allow some movement of the joint when you walk and help preserve the length of your toe as well as improve shoe fit and reduce the pain within the joint itself.

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. At some point during the morning/afternoon you will be escorted to theatre. A tourniquet will be applied to your ankle and you will be made comfortable. The operation will take about 45 minutes. You may bring an ipod with you or a book to read.
After the operation you will be taken back to the ward and given a drink and something to eat. You will be advised on painkillers and once ready you will be discharged from the day surgery unit. You will be given a post-operative boot to wear. You must be driven home and have a responsible adult caring for you for 48 hours. 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 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 house, do not drive and keep your foot dry. Keep wearing your post-operative boot.

**At 14 days**

At the second post operative appointment you will probably have the stitches removed. This is not normally painful. You will be advised to gradually increase your activity and gently exercise your big toe. You may wash and bath normally and apply moisturiser to improve the skin condition. Apply ice compresses to reduce remaining swelling. Bring a wide pair of shoes, i.e. trainers, with you which you should be able to wear once the stitches have been removed. If you drive, you may do so when you can walk comfortably. **If you don’t feel fit to drive at this stage-don’t!**

**At 6 weeks**

The foot gradually returns to normal and the swelling reduces. You may continue applying ice compresses to the foot several times each day to lessen swelling.
At 8 weeks
You should be walking more normally now although there will still be some discomfort and swelling. You might be seen in the outpatient clinic for a check up and the foot will be examined.

At 12 weeks
You will have been walking much more normally at this stage. Continue regular ice packs to reduce any remaining swelling. Gradually, you will recover strength, flexibility and mobility and should be experiencing the full benefit of surgery.

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.
- **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 usually settle.

Specific complications of silastic implant surgery
- The joint can stiffen up sometimes and lose some movement. This is fairly common in the early stages and usually improves with time.
– Shortening of the big toe can occur but is not usually a problem.
– Weight bearing can move to the outer edge of the foot after the operation and lead to transfer metatarsalgia (pain under the metatarsal heads). This can be treated with an insole in your shoe.
– The big toe may lose some of its grip for a few months. This usually improves with time.
– This joint replacement is never as strong as your original joint and in time may also wear out. The time this takes differs but the life span of these joints is considered to be 10-15 years. Some joints are still in place after 20 years with no problems. If your joint causes problems, it can be removed and replaced.
– Silastic silicone rubber is an artificial material which has been used successfully for many years as joint replacements. The potential for your body to react to this substance is very low indeed. Rare cases of tissue reaction have occurred and this can be treated by removing the joint. It must be emphasised this is a very rare occurrence.

This leaflet is intended as a guide only. The vast majority of patients who have a silastic implant have very good results. Occasionally, complications occur which alters 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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