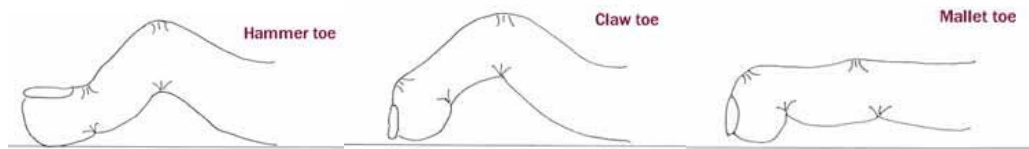


Hammer, Mallet or Claw Toes – Dr Sarah Watts

'Hammer' 'Mallet' or 'claw' toes are the most common toe deformities that require surgical treatment.



Problems usually relate to pain, pressure, rubbing on shoe-wear, corn formation and ulcers. The deformity of the toe may cause inflammation in the joints and stretching of the ligaments. Occasionally it may be associated with joint dislocation. The ligaments can rupture from the constant stretch. Sometimes the toe deformity causes extra pressure under the 'ball' of the foot with a feeling of pain or even a sensation of walking on a 'pebble'

Causes of toe deformities

The cause of the problems can be multifactorial, and usually can't be specifically identified. Contributors can include: hereditary and genetic factors, tight or high heeled shoe-wear, presence of a 'bunion', neurological causes, traumatic injuries, rheumatoid or other types of arthritis, the particular anatomy of your foot (e.g. long second toe), overuse and ligament damage.

Non-Operative Management

Non-surgical treatment should be considered before surgery. This can involve things such as:

- Appropriate footwear with a 'roomy' toebox on your shoe (flat, wide and deep).
- Orthotics / insoles – may be an option for pain under the 'ball' of your foot.
- Taping or strapping of your toe for early hammer toes or ligament damage.
- Silicone sleeves or soft orthotics over the toe available from chemists or podiatrist/orthotist.

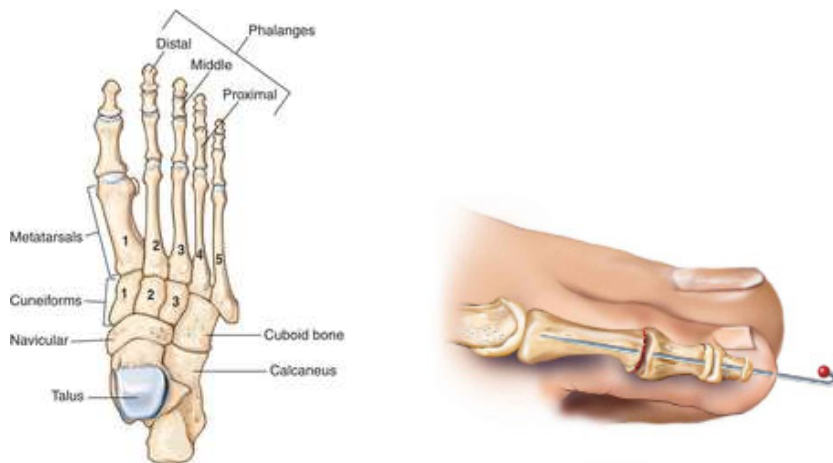


Operative Management

Surgery can involve a number of small procedures on the toe depending on the degree of deformity and the exact problem. Doctor Watts will examine your foot and determine what procedure is correct for your problem.

Usually the bent knuckle will need to be straightened (tendon surgery) or fused (permanently stiffened). Surgery can be on the phalanges, or also the metatarsal. The surgery may require a wire to be placed in the toe which is left for a few mm out of the toe. The wire stays in for 4-6 weeks – you will be able to see the tip of the wire. If there is a wire in place, you will need to keep your foot clean and dry. The wire will then be

removed once the healing is mature enough. Sometimes an internal pin or dissolvable pin can be used without the need for an external pin.



Other adjustments such as lengthening tight tendons or shortening the Metatarsal head (knuckle bone at bottom of toe joint) –called a ‘Weil osteotomy’ –may also be required. Surgery is generally performed as day surgery unless combined with bunion or other surgery, which may require an overnight stay.



Weight bearing is usually allowed in a post-operative sandal. It is usually more comfortable to weight bear through the heel. Elevation of the foot for at least the first 5- 7 days is advisable, as it relieves pain and swelling.

Reasonable recovery occurs by 4-6 weeks. Removal of the pin is straight forward. It takes just a few seconds and is no more painful than having stitches removed. It usually is taken out in the doctors rooms, at the 6 week follow up appointment. No anaesthetic is required.

The toe can remain swollen for 3 to 6 months but will eventually improve and recover. The healing processes in the bone takes a full twelve months to complete. The fused joint is permanently stiff once the healing finishes.

Some stiffness of the other toe joints is common after surgery. The toe however should be straighter and more comfortable than before surgery.

Complications

Complications are rare. Procedure specific complications include:

- Non-union (where the bones do not knit)
- Pain
- Numbness or nerve pain

- Recurrent deformity
- Breakage of the screw or wire
- Neurovascular problems – including loss of the toe.

General surgical complications can also occur. These include:

- Anaesthetic problems
- Medical issues. These can range from simple to severe (including cardiac, pulmonary, stroke, heart attack and death).
- Infection
- DVT or PE (thrombosis)
- Reoperation