These notes are intended as a guide only and some of the details may vary according to your individual circumstances.

Add your own notes or questions here

.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....

For more information

Contact the Orthopaedic Directorate

Tel: 01225 825338
Fax: 01225 825526

RUH **Information for Patients**

Forefoot Reconstruction in Rheumatoid Arthritis

Advice sheet

Mr Derek Robinson
BSc, MB ChB, FRCS (Trauma & Orthopaedics)
Consultant Orthopaedic Surgeon
Foot and Ankle Specialist

Date of publication: February 2010
Ref: RUH ORT/014

RUH

Rheumatoid arthritis is an inflammatory condition that very commonly causes problems with the feet. Whilst any of the joints in the foot and ankle may be affected it is often the toes which are most severely involved and cause the most problems.

The classical changes that affect patients with rheumatoid arthritis are that they will develop a bunion so the big toe will deviate towards the lesser toes. As well as this the lesser toes become deformed with hammering or clawing. The lesser toes will slowly become more deformed and because the ligaments holding the toes in place become weakened by the arthritis they will eventually dislocate upwards out of position. Because the toes themselves are out of joint it exposes the bones in the sole of the foot (metatarsals) to more pressure and they can often be felt just underneath the skin.

Symptoms

Symptoms will be felt from the bunion and the dislocated toes as they will rub on shoes. Due to the prominent bones in the sole of the foot it often feels as if you are walking with a pebble in your shoe. This is often very painful. It will be difficult to buy shoes that are comfortable and it may be necessary to have specially made shoes.

Treatment Options

For patients with long-standing forefoot changes and significant deformities the first stage of treatment involves the use of insoles to alleviate pressure on the prominent areas and obtaining appropriate shoes that allow enough room for the toes without shoe. It is necessary for you to initially walk by taking the weight on your heel so that you don't put pressure on the big toe and front of the foot. It is not necessary to wear this shoe in bed.

Follow-up

You will be seen after approximately 2 weeks when the dressings and stitches will be removed. At this stage a fibreglass plaster will be put around your foot in which you can walk. You will be seen again after 6 weeks when you will have an X-ray and if all is well the plaster will be removed. The foot is often slightly swollen at this stage and so a comfortable pair of shoes will need to be worn and should be brought to the clinic. You will then be seen, hopefully for a final check, about 3 months after the surgery.

Driving

You should not drive a manual car for 6 weeks following surgery. After this you should start gradually, to see if you are comfortable. It normally takes a few days to feel confident. If you have an automatic car and have only had the left foot operated upon then you may drive after 2 weeks.

Recovery

It often takes 6 months for all swelling to resolve following forefoot surgery and so minor swelling late in the day is not unusual and should not be a cause for concern.

All patients will be checked for fitness for surgery in our specialist pre-operative assessment clinic.

Discharge advice following forefoot surgery in Rheumatoid Arthritis

Dressings

Your foot has been dressed with a wool and crepe bandage with a plaster strip. This dressing should not be changed until you are seen at your first follow-up appointment after 2 weeks. The dressing must be kept clean and dry.

Elevation

It is very important that you rest as much as possible and keep your foot elevated. Try to avoid letting it hang down when sitting as this will lead to swelling and pain. This is most apparent within the first 2 weeks but swelling may occur for up to 6 months after surgery, especially after sitting or standing for long periods. In bed, put the foot on a pillow.

Analgesia

You will receive a prescription for pain medication on discharge. Pain is often due to swelling and this is eased by rest and elevation of the foot.

Walking

A special shoe has been supplied for you wear over your dressings which should be worn during the day for 6 weeks. A physiotherapist will show you how to use crutches and apply the

them rubbing. It may be necessary for these shoes to be specially made for your feet. If you have ongoing pain and difficulty then surgery may be required. The exact operation that is performed will depend on the severity of the deformities that you have.

Surgery for foot problems in rheumatoid arthritis is usually very successful and most patients are delighted with the results.

Operation Details

There are several operations that are performed to deal with the forefoot in rheumatoid arthritis. The principal procedure used involves fusing the big toe in a straightened position which makes the toe stronger and able to take its share of weight. Then either the prominent bones in the sole of the foot (metatarsal heads) are removed or a portion of the bone in the toe itself which will allow them to sit down and also replace the cushioning underneath the foot.

Surgery is performed under general anaesthetic. The stay is usually 2-3 nights. The procedure takes about 90 - 120 minutes. The aim of surgery is to remove the pain and so allow improved function. It is not possible to make the foot look completely normal again.

To fuse the great toe an 8cm incision is made on the inner side of the foot over the base of the great toe. The joint surfaces are removed with a specific reamer and then the toe is correctly aligned and two screws are placed across the joint to hold it solidly. It may also be necessary to use a plate.

If the metatarsal heads are to be removed an incision is made across the sole of the foot. If the section of bone from the toe is to be removed there will be several smaller incisions on the top of the

foot. The skin is stitched and a wool and crepe bandage applied with a plaster strip within it.

Risks of Surgery

- Infection

This is always a risk when a cut is made in the skin. Every possible precaution will be taken and intravenous antibiotics will be given at the start of the operation. In the vast majority of cases it will be eradicated with a course of antibiotics.

- Numbness

There are small nerves in the area of the surgery which may be damaged. If this occurs it causes a small area of reduced sensation on the top of the big toe. This often improves with time but may be permanent.

- Bones fail to fuse

This rarely occurs but is much commoner in smokers. If it occurs then it may be symptomatic and require further surgery.

- Incorrect position

The position in which the great toe is set can cause problems. A few people will find that the position in which the toe is set does not suit them and they may consider further surgery to adjust this.

- On-going symptoms

Every effort will be made to remove the correct amount of bone such that none of them are prominent but occasionally a piece of bone may remain prominent and cause symptoms. This may require further surgery.

- Scar sensitivity

This is helped by massaging the scars regularly to de-sensitise them and usually settles.

General considerations

- Swelling

Feet tend to swell after surgery. Excessive swelling causes pain and increases the risk of complications. The best way to prevent this is to elevate the feet as much as possible.

- Smoking

Smoking leads to a huge increase in surgical risk, particularly affecting wound healing and infection (16 times higher). It is strongly advised that you stop smoking prior to any surgery.

- Blood Clot

A blood clot in the deep veins of the leg (deep vein thrombosis / DVT) may occur following foot and ankle surgery but is rare. There are many factors to take into account when considering the level of risk and it may be necessary to give injections or take medication to reduce the risk. There is a very small chance that the clot may break off and travel to the lungs (pulmonary embolus / PE) and this can be dangerous, even life threatening. If you feel that the calf has become swollen and painful or you become breathless then seek medical attention immediately.

- Anaesthetic

Surgery is usually performed under general anaesthetic and so you are asleep. This is incredibly safe but there are exceptional circumstances where an adverse reaction may occur which is dangerous, even life threatening. Certain patients have many medical problems which may increase the risk and so it may be necessary to be seen by an anaesthetist to further discuss the issues prior to being brought into hospital.