

HALLUX RIGIDUS / HALLUX VALGUS – HALLUX MTP FUSION

Information: Hallux rigidus is arthritis of the big toe joint. Hallux valgus (bunion) is a deformity of the big toe. While these conditions can be treated without surgery, some patients with arthritis or severe bunions are treated with a fusion of their big toe. A fusion is where the joint is removed and the two bones, which previously moved, are connected. The goal is to take a joint that is painful and often stiff and decrease the pain by removing all the motion at that joint. Patients may have other deformities and/or painful conditions (e.g. hammertoes, metatarsalgia (foot pain/overload), crossover toes, etc.) that may be fixed at the same time. Sometimes bone from the heel is taken to help the fusion. Risks of surgery include, but are not limited to, infection, wound healing issues, scarring, swelling, stiffness, pain, numbness, injury to nerves and blood vessels, bone healing problems, hardware problems, need for hardware removal, recurrence, additional deformities, need for future surgery, and blood clots and/or pulmonary emboli. If you need an excuse for work, please let us know before surgery.

On the Day of Surgery: The scheduling team will call you with your arrival time one day prior to your surgery. Once you arrive at the facility, the staff will direct you where to go. I will meet you in the preoperative holding area where we can discuss any remaining questions that you have and review the surgical plan. You and the anesthesiologist will determine the type of anesthesia that is best for you. Often, a block is provided by the anesthesiologist. This will decrease the amount of pain after surgery. The risks of anesthesia/block will be discussed with the anesthesiologist. You will then be brought to the operating room.

After Surgery: I will discuss the details of the surgery with your guest and review the postoperative plan. You will be taken to the recovery room and sent home when the nurses and anesthesiologist think you are suitable for discharge. You are allowed to weight bear on your heel only in a short CAM boot. You will be sent home on pain medicine with the hope that you can discontinue it as quick as possible.

Anticipated Postoperative Course:

Time Postoperatively	Description
0 – 2 Weeks	Elevation above the heart is <i>EXTREMELY</i> important during this period.
10 – 14 Days	Appointment with Dr. Boden. Plan for splint and suture/staple removal. Non-weightbearing X-rays will be taken at this visit. Placement of a short CAM boot. Ankle range of motion exercises begin with physical therapy. Physical therapy typically lasts 6 – 12 weeks.
2 – 4 Weeks	Continue non-weightbearing in the short CAM boot. You may come out of the short CAM boot for gentle ankle range of motion exercises.
4 – 6 Weeks	Heel weightbearing ONLY in a short CAM boot.

Disclaimer: These are general statements and may not apply specifically to your care. I may modify as needed for your individual care.

6 Weeks	Follow-up appointment with Dr. Boden to monitor progress. Weightbearing radiographs of the operative foot will be obtained. We will transition you to a postoperative shoe. We may also begin PT at this visit if necessary.
6 – 8 Weeks	Advance to weight bearing as tolerated in the postoperative shoe.
8 – 12 Weeks	At 8 weeks postoperatively, you may slowly remove the postoperative shoe. When you are out of the postoperative shoe and into a comfortable sneaker, you may begin to advance to non-impact activities as tolerated (walking, stationary bicycle, elliptical). No high impact activities allowed.
3 Months	Follow-up appointment with Dr. Boden to monitor progress. Slowly advance to all activities as tolerated over the next 3 months. Weightbearing radiographs of the operative foot will be obtained.
3 – 6 Months	Slowly advance to all activities. You will begin to feel that this is “behind you,” and although you are not fully normal / healed, you should be doing quite well. Swelling is the last issue to resolve and may be 6 – 12 months for any foot surgery. Your big toe will not bend, and this is normal.
6 Months	If there are no issues, this is your final follow-up appointment with Dr. Boden. I’m happy to see you at any time postoperatively if there are any issues or you have any concerns. <i>Thank you for the opportunity to take care of you!</i>

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