SESAMOIDECTOMY

Information: The sesamoids are bones under the big toe. There are two sesamoids, and their function is to stabilize and provide strength to the toe. Sesamoiditis is inflammation of usually one of these bones and can be treated without surgery. However, when non-surgical management fails and you decide to have surgery, then surgery consists of removing the inflamed bone. The risks of surgery include, but are not limited to, infection, wound healing issues, scarring, swelling, stiffness, pain, numbness, injury to vessels, other deformity, need for future surgery, and/or perhaps a condition you may feel is worse or not much better from your preoperative status. Depending on their job, most patients can return to work several days after surgery in their postoperative shoe.

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. Following surgery, you will be placed into a postoperative shoe. You are allowed to walk in this device if the tibial sesamoid was removed, but you are allowed to only heel weightbear if the fibular sesamoid was removed. You will be sent home on pain medicine with the hope that you can discontinue it as quick as possible.

Time Postoperatively	Description
	Elevation above the heart is <i>EXTREMELY</i> important during this period.
0 – 2 Weeks	Tibial Sesamoidectomy: Weightbearing as tolerated in postoperative shoe Fibular Sesamoidectomy: Heel weightbearing only in a postoperative shoe
10 – 14 Days	Appointment with Dr. Boden. Anticipate dressing and suture removal. Non-weightbearing X-rays of the operative foot will be obtained. You may advance range of motion of your big toe. Pain is the limiting factor, and you are allowed to advance your activities in your postoperative shoe based on your comfort. If the tibial sesamoid was removed, you will need to wear a toe spacer for another 4 weeks.

Anticipated Postoperative Course:

2 – 6 Weeks	Continue to wear postoperative shoe. You may weightbear and advance activities as tolerated in the postoperative shoe. Tibial Sesamoidectomy: Wear toe spacer until 6 weeks postoperatively Fibular Sesamoidectomy: No need for a toe spacer
6 Weeks	Follow-up appointment with Dr. Boden to monitor progress. Weightbearing radiographs of the operative foot will be obtained. You may transition to a comfortable shoe. You may continue to advance your activities as tolerated and get back to some sense of normal.
6 – 12 Weeks	Transition to a comfortable shoe. Continue to advance your activities as tolerated and return to some sense of normal.
3 Months	Follow-up appointment with Dr. Boden to monitor progress.
3 – 6 Months	Gradually 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. You will notice that your big toe is somewhat stiff, and this is normal. Swelling is the last issue to resolve and may be $6 - 12$ months for any foot surgery.
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</i> <i>care of you!</i>