What are the possible complications?

- Infection
- Ongoing pain
- Cock-up position of the big toe
- Failure of bone healing (non-union)
- Sensitive or painful scar
- Big toe permanent numbness
- Clots in the leg (DVT)
- Clots in the lung (PE)
- Sensitive or painful scar
- Clots in the leg (DVT)
- Clots in the lung (PE)
- Chronic Regional Pain Syndrome

After this operation, walking uphill is usually difficult and some patients require shoe-wear modification.

Smoking, diabetes, rheumatoid arthritis or being on steroids or blood thinning medication increases possible risks significantly.

Your operation may be carried out by a Podiatrist

This operation is one of the operations that may be carried out by a podiatrist. Our Podiatrist has specialised in the care of foot problems for many years and has gained additional training to allow him to work as a member of the operating team. The podiatrist is fully capable of performing this procedure to the highest standards and you will receive the same care provided by a surgeon.

Useful phone numbers

- Royal Infirmary of Edinburgh 0131 536 1000
- St John’s Hospital 01506 523 000
- Waiting-List office 0131 242 3437

The described technique is for a standard case and can frequently be changed to suit individual cases. The anaesthetist may decide to use a different type of anaesthesia depending on the individual need of patients.

The Edinburgh Foot & Ankle Unit

Edinburgh Royal Infirmary
51 Little France Crescent, Edinburgh
EH16 4SU

St John’s Hospital
Howden Road West, Livingston
EH54 6PP
What is Hallux Rigidus?

Hallux Rigidus is a term used to describe arthritis (wear and tear) in the joint at the base of the big toe. Over many years, the joint forms new bone, to increase its surface area, which contributes to the bony swelling felt around the joint. This also causes the joint to be stiff. It is usually symptomatic due to pain on walking, rubbing of the bony swelling against shoes and stiffness of the joint.

Fusion of the 1st MTP joint

Why do you need this operation?

Before being offered this operation, you should have tried other treatment in the form of wide-box shoe-wear, padding the swelling and stiff forefoot insoles.

This operation is offered to you if you continue to have symptoms despite trying the above measures and after you have been examined and counseled by a member of the foot and ankle team.

The operation is usually offered in severe cases of arthritis of the big toe MTP joint.

What does the operation involve?

The operation is done as a day case, but come prepared in case you need to stay overnight.

The operation is performed with general anaesthetic and nerve block (which means numbing the nerves of the foot).

The operation involves one incision over the base of the big toe. The abnormal extra bone around the joint is trimmed. The remaining cartilage on the joint surfaces is removed and the joint is fixed using metal staples, screws or a metal plate.

You see the physiotherapist after or before your operation and they give you crutches if needed.

Your post-operative period

- You must keep your foot raised for the first two weeks and when necessary afterwards
- You can put partial weight on your foot using the surgical shoe
- Use crutches
- Avoid any bending forces on the big toe
- The swelling comes and goes and can last for a long period up to six months.

Your follow-up

- Nurse-led clinic at two weeks to reduce dressing and removal stitches
- Consultant clinic at six weeks for x-rays
- Off work for about six - eight weeks, depending on your job.

The forefoot offloading shoe allows you to put weight on the heel but not on the forefoot and is used instead of plaster to protect and offload the operation site and the bone until it heals.