What are the possible complications?

- Ongoing pain
- Recurrence of the toe deformity
- Numbness / altered sensation
- Infection
- Swelling of the toe can persist for some months
- The wire used may break
- In severe deformities the correction can stretch the vessels blocking the circulation to the toe. This might require removal of the wire, leaving the toe to go back in the deformed position.
- Clots in the leg (DVT)
- Clots in the lung (PE)
- Chronic Regional Pain Syndrome.

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 anesthesia 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
Hammer / Mallet Toe Correction

What is Hammer / Mallet toe?
A hammer toe is a deformity of the "knuckle" of the second, third, or fourth toe causing it to be permanently bent, resembling a hammer.

Mallet toe is a similar condition affecting the end joint of the toe.

A hammer / mallet toe is often found in conjunction with bunions or other foot problems. It can also be caused by muscle, nerve, or joint damage resulting from conditions such as osteoarthritis or rheumatoid arthritis.

Why do you need this operation?
You should have initially tried other treatment options such as avoiding shoes which rub on the toe; wearing new shoes with soft, spacious toe box; or padding to the toe.

In more severe or longstanding cases surgery may be necessary to correct the deformity.

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

The operation involves an incision over the bent joint of the toe. The joint is removed and fixed using a metal wire. A soft tissue release (lengthening or transferring tendons) is often needed at the top joint of the toe.

The metal wire is used to temporarily hold the toe straight whilst bone healing occurs and is then removed six weeks following surgery in the outpatient clinic.

Your post-operative period
• You will have a bandage on your foot
• You will go home with a surgical sandal on your foot
• You must keep your foot raised for the first week
• You can walk with your foot bearing your full weight
• Use crutches if needed.

Your follow-up
• GP Practice / District nurse at two weeks to remove stitches and reduce dressing
• Consultant clinic at six weeks for x-rays and to remove metal wire
• Back into wide fitting shoes at six weeks
• Off work for about two weeks, depending on your job
• No driving for up to six weeks.

If the second toe is over-riding the big toe as part of a bunion, correction of the bunion is sometimes necessary to create room to correct the second toe.