



Sam Singh MA (Cantab) MSc FRCS (Orth)

Consultant Orthopaedic Foot & Ankle Surgeon

Guy's and St Thomas' NHS Foundation Trust

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Consulting at:
London Bridge Hospital
Lister Hospital Chelsea
Chelsfield Park Hospital

OPERATION: Time-Line for recovery from Big toe Cheilectomy (W0860)

THE DAY OF THE SURGERY: Mr Singh will see you before and after the procedure. The anaesthetist will also see you before the operation. Any queries about the anaesthesia are best discussed with him directly on the day. The procedure is usually performed under general anaesthesia.

Please note that you may not be the first patient on the operating list. Depending on your place on the list you may have a variable amount of time during which you will be queuing or waiting to go to theatre. This can last for up to three or four hours if you are the last patient to be done on the list. You should therefore come prepared for a wait. Some reading material is provided by the day case unit but we appreciate a wait of several hours can be tedious and you may wish to bring a book or some other material work to keep you occupied.

An ankle block will be administered in the operating theatre. This numbs the small sensory nerves around the foot helping to control the pain and to minimise the dose of general anaesthetic. Your foot will be heavily bandaged to protect it and to reduce the swelling. The gauze bandage which is applied in theatre in a sterile environment will stay on for 2 weeks. There will be no plaster cast.

The physiotherapist will issue you crutches and a special surgical sandal to wear. If you already have, either of these then bring them with you. The crutches are not essential but as the foot maybe sore when weight bearing you may prefer it. You will be allowed to take your full weight on the foot after the surgery.

At London Bridge or the Lister, you will also be given a waterproof shower cap, which allows you to shower. It is important that the bandages are kept clean and dry. If you wish to obtain one independently I can suggest "Sealtight cast bandage protector". Can Google it or try Physiosupplies.com on 01775 640972. You will need the half leg cover.

You will be given medicines to take home to control the pain. The nurse will go through the medicines with you, including how often and when to take them. There will be a combination of strong and weak pain killers.

When you feel comfortable and ready you will be allowed to go home. You should have made arrangements to be picked up from the hospital and have at least someone staying with you overnight if you are a day case.

As a day case patient, you normally go home about 3 hours after the surgery. As an overnight, you will be discharged around 10 am the next day.

The Next Day: The block will start to wear off so you will feel sorer. You can pre-empt this by taking the painkillers. You can get up to use the loo etc but do try to rest for the next few days.

Day 3 – 7: Try and rest with the leg elevated as much of the time. Whenever the foot is put down, it will swell and become sore. As the foot swells cooking will be uncomfortable but simple reheating of meals/ making tea should be fine. It is normal to see mild bruising and some dry blood on the foot. By the end of this period the post operative pain will have significantly reduced.

Day 7 – 14 : You can start working from home but you must try and keep the foot up. Those patients that elevate their foot report minimal post-operative pain experience the least amount of swelling and require the least amount of pain medication. A reduction of foot swelling during this period will have a significant effect on the entire recovery process. You may walk short distances within the home or to a car during this period, using the surgical sandal. You can visit a friend or maybe even a casual restaurant where you could keep the foot up.

Day 12 – 16 : You will have an appointment for the dressing clinic. You will first see the team nurse and then Mr Singh. At this appointment, the bulky dressings are removed. If needed the tails of the stitches are trimmed back. Steristrips, which are paper dressing's maybe applied. Simple toe bending exercises will be demonstrated to you. You will leave with the same surgical shoe on or bring another shoe with you. **Do not expect** to fit into all your existing shoes. If you don't have a pair of loose shoes then plan ahead and pick up a cheap pair of wider, loose shoes (with a strap over the ankle or a lace). Trainers with the far end laces left loose or removed is a good option. A rubber 'croc' type shoe (possibly a size up) is also a good option. It maybe 5-6 weeks or longer before you can wear your broader old shoes.

After this operation the big toe joint can become stiff. This can be prevented by regularly performing the range-of-motion and stretching foot exercises. Until this appointment, no exercises are required as only rest and elevation are to be observed by the patient. Start with mild assisted range-of-motion exercises. To perform this exercise, grab the big toe and hold the fingers close to the big toe joint. Make sure you are not holding the interphalangeal joint, which is the joint in the middle of the big toe, closest to the toenail. Now, gently flex this toe upwards till you feel resistance and mild discomfort. Hold this for a count of 10 seconds approximately and perform 3 times. In a similar manner, perform the exercise by flexing the toe downwards. This exercise routine should be performed 6 times in a day, in the 3rd and 4th week.

You can start driving if surgery was on your left foot and you have an automatic car but as motor insurance companies vary in their policies, check with them first.

Day 21: All dressings can be removed by you. It is best to soak them in the shower.

Skin emollients such as aloe Vera, Vitamin E or Bio-oil may be applied around the healing wound. Once the wound is totally closed, these lotions may be applied over the wound.

Low impact gym work such as the exercise bike, cross trainer can be started. Driving is fine.

If you require Physiotherapy then Mr Singh will refer you for it at this stage. He will write the referral in the clinic.

Week 5 – 6: At this stage you will have a follow up with Mr Singh. Now you start enjoying the foot but the final shape of the foot in terms of the swelling and fading of the scar can take 6-9 months. Running can be started at 6-8 weeks. Other high impact exercise can be started at the same time. A gentle heel can be introduced and you can move into higher heels with time though within limit as we know that they are not great for your feet.

With this operation, because we are just patching up a damaged joint, some mild pain often persists. It can be a full **6 months** before the final benefits are noted.

PLEASE NOTE: THE ABOVE IS A GENERAL GUIDE ONLY. SOME PATIENTS WILL PROCEED MORE SLOWLY AND SOME FASTER. IF BOTH FEET ARE BEING DONE THEN THIS TENDS TO SLOW THE WHOLE PROCESS.

Action to be taken in the event of a suspected infection

If, at any time in your post-operative recovery, there is any sign whatsoever of infection, either suspected by you or diagnosed by your GP, please contact me via:

My Secretaries Lorna or Teresa at my London Bridge Office (within office hours, Mon – Fri) 9:00am– 5:00pm on 0207 234 2167.

OR

The London Bridge Hospital (the orthopaedic ward – open 24 hrs/day) on 0207 234 2431

The Lister Hospital Orthopaedic (the orthopaedic ward Level 5 – ask for the Duty Sister) on 020 7730 7733

The Chelsfield Park Hospital (the orthopaedic ward) on 01689 877 855