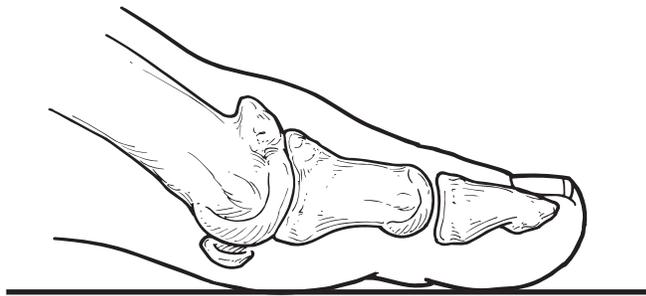


Hallux Limitus/Rigidus Surgery



Hallux rigidus, which is actually a form of degenerative arthritis in the big toe (first metatarsal phalangeal joint), sometimes progresses to the point where surgery is the only way to eliminate or reduce the pain associated with this condition. The goal of hallux rigidus surgery is to reduce pain, improve function and decrease deformity to enable the patient to resume normal activities.

Various types of surgery are available to treat hallux rigidus. In selecting the procedure or combination of procedures for your particular case, your surgeon has taken into consideration the extent of your deformity based on x-ray findings, your age, your activity level, and other factors. Three common types of procedures, which may be modified somewhat by your surgeon to address your needs, are described below.



Joint-Sparing Procedures

Joint-sparing procedures, such as the cheilectomy, are undertaken to achieve three goals: relieve pain, improve the function (range of motion) of the big toe, and preserve the structure of the joint for as long as possible. A joint-sparing procedure is typically the first-line procedure selected for people who have mild to moderate arthritis in the big toe.

Cheilectomy

After making an incision to gain access to the joint of the big toe, the surgeon:

- Releases the soft tissues (ligaments and tendons) around the first metatarsal
- Removes any bone spurs (bony growths) that have developed on the metatarsal, phalanx, and possibly sesamoid bones as a result of the arthritis
- Inspects the area for cartilage damage and, if necessary, performs additional measures to relieve problems associated with lost cartilage and perhaps other soft tissue deterioration
- Evaluates the range of motion of the toe to ensure that it moves smoothly and is improved
- Irrigates the joint to flush out any residual small pieces of bone and cartilage
- Closes the incision with stitches and applies a sterile bandage



Hallux Limitus/ Rigidus Surgery *continued*



Cheilectomy with Osteotomy

Depending on your condition, an osteotomy in addition to the cheilectomy procedure described previously, may also be performed.

After making an incision over the joint of the big toe to gain access, the surgeon:

- Makes a cut in the bone in the upper (head) or lower (base) part of the first metatarsal and then realigns the bone
- Inserts some type of fixation hardware, typically screws or pins, to secure the realigned bone
- Closes the incision with stitches and applies a sterile bandage

Joint Removal Procedures

Joint removal procedures are options for people who have moderate to severe hallux rigidus, in which the affected joint cannot move and cannot be repaired. The goals of this type of surgery are to decrease pain, increase the individual's ability to walk, and improve quality of life. Joint removal procedures involve fusing the joint (arthrodesis) or removing a portion of the joint, joint arthroplasty.

Arthrodesis

Depending on the severity of the bunion deformity, fusion of the joint may be necessary.

Arthrodesis is also called fusion. After making an incision at the top of the joint of the big toe, the surgeon:

- Removes bone spurs (bony growths) that are present
- Removes the cartilage in the joint

- Realigns the joint to a corrected position
- Inserts fixation hardware to secure the joint to allow for fusion
- Closes the incision with stitches and applies a sterile bandage

Arthroplasty/Joint Implant

After making an incision at the top of the joint of the big toe, the surgeon:

- Removes any bone spurs (bony growths) that are present
- Removes a portion of the bone of the joint
- May place an implant in the joint

Recovery

Recovery from these procedures generally takes 6 to 12 weeks. During a portion of this period, weight bearing on the operative foot may not be permitted. ■

Notes:

