

HAMMERTOES/NEUROMA SURGERY (LESSER TOE SURGERY) POST-OPERATIVE GUIDELINES

INITIAL SURGICAL DRESSING

The initial surgical dressing consists of a non-adherent gauze on the wound, squares of white gauze held in place with a roll of gauze, a beige-colored wrap, and on the surface, an Ace bandage (see instructions on management of the postoperative dressing).

If pain is intolerable during the first 24 to 48 hours: Phone the surgeon on call. If decompressing the dressing is recommended, follow these instructions: Remove the Ace bandage and roll it up for reapplication. Remove the beige lightweight Stockinette and roll it up for reapplication. Use a clean pair of scissors (soap and water) and cut the circular white gauze from the top of the tip of the third toe. Extend the circular gauze to completely decompress the dressing to the midfoot. Re-wrap the bias-cut Stockinette as it had been applied with the original dressing. Reapply the Ace bandage as it was applied in the original dressing.

If there is excessive bleeding, phone the surgeon on call. The following instructions will probably be given: Remove the Ace bandage and the light beige dressing underneath it. Do not remove the white gauze dressing. Place several additional squares of gauze over the area of maximum bleeding. Reapply the beige dressing and the Ace bandage as it had been applied in the initial surgical dressing. Make the elastic bandage relatively tight and elevate the foot above the heart by 24 inches.

BED REST, ELEVATION, AND WEIGHTBEARING

Bed rest is prescribed for at least two days after operation if one foot is operated up and three days after operation if both feet are operated upon. During the period of bed rest, the feet are elevated above the level of the heart. After the period of bed

BED REST, ELEVATION AND WEIGHTBEARING (continued)

rest, progress with sitting with the feet elevated at chair level. Progressing with ambulation around the house is encouraged. Confinement to the house for the first week is recommended.

Weightbearing is allowed after the first 24 hours when getting up to go to the bathroom. During the first 24 hours, an effort is made to avoid weightbearing on the ball of the foot. With the crutches, place weight as lightly as possible on the heel. Approximately 50% of one's weight is placed on the foot after the first 24 hours. Weight can be placed on the ball of the foot without damage. After the first dressing change, one week after operation, full weightbearing is encouraged.

CRUTCHES/WALKER/CANE

Crutches are used for approximately a week and a half when one foot is operated upon and approximately two weeks when both feet are operated upon. A walker is recommended if one is not feeling secure with the crutches. After using the crutches, a period of using a cane may be useful while transitioning to full weightbearing. Initially, the cane is used on the side of the operated foot if one foot is operated upon. As comfort improves, walking is done more smoothly with a cane when the cane is in the opposite hand.

BANDAGES AND CASTS

Bandage Management:

On the day of surgery: Please follow the bandage instructions given to you in the postoperative orders.

First week (Days 1-6): Leave the initial surgical dressing intact, unless otherwise instructed.

Second week: The dressing will be changed in the office one about week postoperative. The forefoot dressing will be applied. Reapply the forefoot dressing (see Forefoot Dressing Technique). The forefoot dressing will be used for three to four weeks. The surgeon will advise. For hammertoe surgery, pins are removed at four weeks after operation. The pins have a (smooth??) thread design and their removal is usually relatively painless.

FOOTWEAR, ELASTIC STOCKING, AND BRACES

A “postoperative shoe” will be used for four weeks for hammertoe surgery and three weeks for neuroma surgery. Thereafter, a loosely fitting shoe is to be worn.

SHOWERING, SUTURES AND DRIVING

Showering requires protection to keep the dressing dry for the first ten days. This usually requires a double plastic bag (one often leaks), sealed with a tight rubber band at the top. After ten days, the surgery area can get wet in the shower unless there is drainage. Wait until three weeks after operation before soaking in the bathtub or a hot tub.

Sutures are removed three weeks after operation.

Driving is usually feasible using the postoperative shoe approximately two weeks after operation. Driving is delayed longer if it does not feel safe.

FOOT REHABILITATIVE EXERCISES

First week: (Days 0 – 6). No exercises.

Second week: Massage. Use both hands to grasp the big toe, the joint of the big toe, and the bone in the midfoot (metatarsal) that connects to the big toe. Apply progressively greater pressure with the hands. A set of massage is 5 twenty-second (hand applications). Do 4 or 5 sets per day in the initial two weeks of massage, then reduce the massage sets as motion exercises become emphasized.

Third week: Begin motion exercises, bending the toes down at the base of the toes. Use your hands and the muscles in your feet to do this. (There is usually no emphasis in bending the toes up as walking usually provides the upward motion.) Bend the toes down with a slow strong effort for 20 seconds. Repeat five times for a set. Do two or three sets a day for one month and then, once a day for two more months. Prescribed physical therapy instructions may be started in the fourth week.

SKIN CARE

Beginning about two weeks (14th day) after surgery, soften the skin with Vaseline, vitamin E ointment or a thick hand lotion like Curel. When using Vaseline, cover the whole foot with a light amount of Vaseline and wipe away any excess. Do 2 or 3 times a day.