

Patient information

Forefoot surgery

Barts Health Physiotherapy Website:

www.bartshealth.nhs.uk/physiotherapy



This booklet is for patients following surgery to the front of their foot.

This may include one of the following procedures:

Hallux Valgus correction ('bunion' surgery)

- The joint at the base of the big toe has moved outwards and the toe itself has moved inwards, resulting in pain when walking and issues wearing shoes
- The procedure involves correcting the deformity, which may vary depending on your presentation.
- After surgery, you will likely be in a 'heel weight-bearing' shoe for up to 6 weeks. You will need to use crutches for this. Your Surgeon or Physiotherapist will tell you when you can put full weight on your foot.

Hammer toe/claw toe correction

- Shortening of the muscles in the toes can result in permanent bending of the toes and discomfort wearing shoes.
- The surgeon will correct the deformity by lengthening the shortened tendons

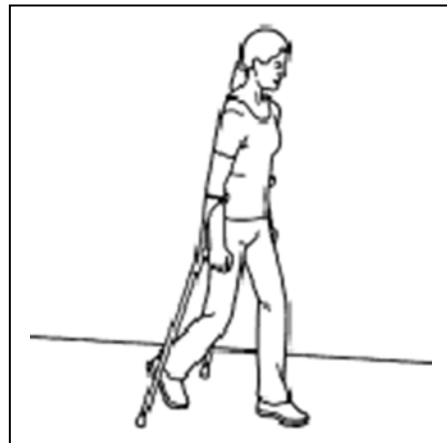
Other forefoot surgery may involve a variation on the procedures above. Please discuss this with the surgical team for full details.

After surgery

To ensure the bones and tissues heal in the correct alignment, you may have been given a heel weight-bearing shoe for 4-6 weeks so weight is only going through the heel bone. You will require crutches to help with mobility.

It may be helpful to follow these stages:

- Put the crutches down first, then the **heel** of the operated foot in the shoe.
- Take some weight on your hands and step through with your good leg



You may be able to walk without the crutches after you see the orthopaedic team for your follow up appointment.

Common Post-Op Symptoms and Management

General advice

- Protect the operated area
- Weight bearing as allowed to maintain strength and function
- Ice for pain and swelling (maximum of 20 minutes, not in direct contact with the skin)
- Elevation when able to reduce swelling

Pain and stiffness of the ankle and foot.

- In order to restore the flexibility to the foot and ankle, gentle exercising is essential to get it moving. This will be painful at first, so it is important you take your time. Little and often is a good start. As the flexibility improves, you may have to work harder to regain the full range of movement.
- If you were prescribed painkillers, it may be useful to take these before you exercise. This will make it more comfortable

Sensitivity of the skin around the foot or ankle

- This is a normal side-effect of surgery. This will improve with movement and use, but it is important you progressively get the operated area moving.

Apprehension or fear of movement

- It is very normal to be worried about moving your foot after surgery. The pain and stiffness may be an unpleasant experience, but it is important to try and overcome this to get it moving.
- It is a good idea to try and do a little more each week until you return to normal. Family members may have to help in the first few weeks, but in order to return to normal you must try and do things for yourself. A little pain is normal when you try and do new things, but this is unlikely to be causing damage. **Sharp or severe pain should be avoided.**
- As your function improves, you may have to work harder to return to normal movement. It can take a number of weeks to return to normal.

Weakness of the ankle and foot muscles.

- As the muscles of the ankle and foot were not used properly while you were recovering, they will have lost strength. In order to return this, the muscles must be challenged through gentle exercise.
- As the strength improves, the exercises will have to be more challenging. This will increase the strength further.
- Some pain when you put more demands on the ankle and foot is normal, but ensure the increase in force or weight is gradual.

What can I do to help recover from my surgery?

Exercise is essential for getting the bones of your foot moving normally.

Here are some exercises to get started:

Remember

- Some pain when you encourage the stiff parts of your ankle and foot is normal, but this will get better with exercise.
- Take your time, try and do the exercises regularly and try and keep pushing a bit further each time
- An ice pack after exercise can help with any post-exercise soreness
- Try and do the exercises every 1-2 hours and move onto the advanced exercises within 2 weeks of plaster removal. As the stiffness reduces, you may be able to reduce how frequently you do them.

Specific Exercises

Your Surgeon or Physio will tell you when it is ok to do these:

Toes/foot

1. Practice bending your toes up and down. With your hand, apply gentle pressure until you feel some stretching. Hold for 5 seconds, 5 times each.

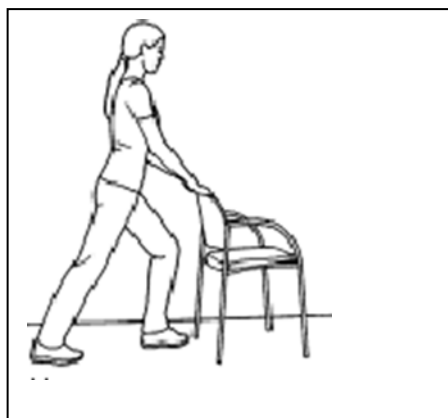


2. Hold of your foot with your hand and practice bending it inwards and outwards. You will feel stretching inside the ankle and foot. Hold for 5 seconds, repeat 5 times each.

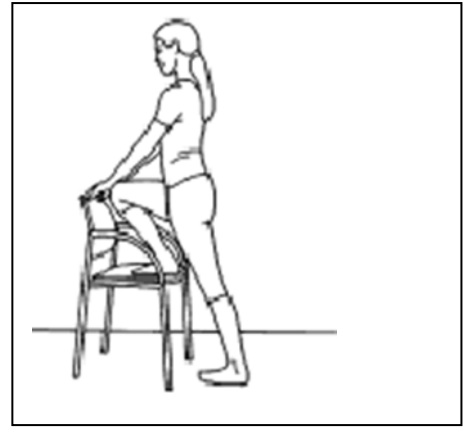


Ankle

1. Place your bad foot behind you with the heel down and knee straight, feeling stretching in your calf. Hold for 20 seconds, repeat 3 times.



2. Place the bad foot on a chair, keeping the heel down. Push the knee over the toes, feeling a stretch in the heel. Hold for 20 seconds, repeat 3 times.



3. Slowly push up on your toes, keeping the knees straight and slowly lower down. Try and do this 10 times. When this is easy, try this on the bad leg.



4. Stand on one leg without support. Hold for 5 seconds, repeat 5 times.



5. When going up stairs, try and use your bad foot to push up – this will help the muscles get stronger.

Walking

1. Try walking around your house without the crutches. When you are comfortable with this, try short journeys outside.
2. As you get more comfortable, try uneven surfaces or increasing your speed

Advanced exercises

1. Use support from a chair or table. Practice jumping and landing equally on both legs. When you can do this comfortably, you can try gentle jogging, then running.
2. Progress to hopping on one leg. Make sure you can land in a controlled way, keeping your balance. Try not to look at your foot when you do this.
3. If you want to return to sport, gradually increase directional changes into your running as pain allows. Return to non-contact training before you return to contact training.

Contact Information for Barts Health Therapies Department

The Royal London Hospital
Telephone No: 0207 377 7872
Email: BHNT.BartsHealthTherapies@nhs.net

Mile End Hospital
Telephone No: 0207 377 7872
Email: BHNT.BartsHealthTherapies@nhs.net

Whipps Cross University Hospital
Telephone: 0208 535 6671 (Wanstead site: 0208 989 2368, Chingford site: 0208 524 3071)
Email: wxphysio.outpatients@bartshealth.nhs.uk

Newham University Hospital
Telephone No: 0207 363 8141
Email: TherapyOutpatients.Newham@bartshealth.nhs.uk

For patient information leaflets on other conditions please visit:
www.bartshealth.nhs.uk/physiotherapy

Patient Advice and Liaison Service

If you need general information or advice about Trust services, please contact the Patient Advice and Liaison Service (PALS) on 020 3594 2040 or visit www.bartshealth.nhs.uk/pals.
Alternatively please contact staff who are providing your care if you require clinical advice.

Large print and other languages

For this leaflet in large print, please speak to your clinical team.

For help interpreting this leaflet in other languages, please ring 020 8223 8934.

Tell us what you think

Tweet us **@NHSBartsHealth**
Talk to us via **www.facebook.com/bartshealth**
Leave feedback on NHS Choices www.nhs.uk

Reference: BH/PIN/549

Publication date: Jan 2017

All our patient information leaflets are reviewed every three years.

