Hammer Toes

Hammer toes occur when the joint in one or more of your toes are permanently flexed.

CAUSES

This happens when a muscle imbalance or abnormal bone length makes the small toes buckle under. This causes the toe joint to contract. This causes the *tendons* (cord like structure) to shorten.

SYMPTOMS

- When hammer toes are **flexible**, you can straighten the buckled joint with your hand. Flexible hammer toes may develop into rigid hammer toes over time. Common symptoms of flexible hammer toes include:
  - Corns (build-ups of skin cells). Corns occur where boney bumps come in frequent contact with hard surfaces. For example, where your shoes press and rub.
  - Irritation.
  - Inflammation.
  - Pain.
  - Toe motion is limited.
- When a **rigid** hammer toe is fixed you can no longer straighten the buckled joint. Corns, irritation, pain, and loss of motion is generally worse for rigid hammer toes than for flexible ones.

TREATMENT

The problems noted above if painful or troublesome can be corrected with surgery. This is an *elective* surgery, so you can pick a convenient time for the procedure. The surgery may:

- Improve appearance.
- Relieve pain.
- Improve function.

You may be asked not to put weight on this foot for a few weeks.

There are several types of surgical treatments. Common ones are listed below. Your surgeon will discuss what seems to be best for you.

- With **arthroplasty,** a portion of the joint is surgically removed and the toe is straightened. The "gap" fills in with fibrous tissue. This helps with pain, deformity and function.

- With **fusion,** cartilage between the two bones is taken out and the bones heal as one longer bone. This helps keep the toe stable and reduces pain but leaves the toe stiff, yet straight.

- With **implant,** a portion of the bone is removed and replaced with an implant to restore motion.

- Flexor **tendon transfers** may be used to release the deforming force which buckles the toe. This is done by the repositioning of the tendons that curl the toes down (*flexor tendons*).

Several of these options require fixing the toe with a pin that is visible at the tip of the toe. The pin keeps the toe straight during healing. It is generally removed in the office at 4-8 weeks after the corrective procedure. In general removing the pin is not painful.

BEFORE SURGERY

You should be present one hour before your procedure unless otherwise directed by your caregiver. Check in at the admissions desk for filling out necessary forms if not pre-registered. There will be consent forms to sign prior to the procedure. There is a waiting area for your family while you are having your surgery.

LET YOUR CAREGIVERS KNOW ABOUT THE FOLLOWING BEFORE SURGERY:

- Allergies.
- Medications taken including herbs, eye drops, over the counter medications, and creams.
- Use of steroids (by mouth or creams).
- Previous problems with anesthetics or novocaine.
- Possibility of pregnancy, if this applies.
- History of blood clots (*thrombophlebitis*).
- History of bleeding or blood problems.
- Previous surgery.
- Other health problems.
- Family history of anesthetic problems.

RISKS AND COMPLICATIONS

If surgery is recommended, your caregiver will explain your foot problem and how surgery can improve it. Your caregiver can answer questions you may have about potential risks and complications involved.

Let your caregiver know about health changes prior to surgery. **It is best to do elective surgeries when you are healthy.** Be sure to ask your caregiver how long you will be off your feet and if you need to be off work. Plan accordingly. Your foot and ankle may be immobilized by a cast (from your toes to below your knee). You may be asked not to bear weight on this foot for a few weeks.

FOLLOW-UP CARE AFTER SURGERY

You can bear weight as instructed. You may need a bandage, splint, and removable cast boot or surgical shoe for several weeks after surgery. You may resume normal diet and activities as directed. Only take over-the-counter or prescription medicines for pain, discomfort, or fever as directed by your caregiver.

SEEK MEDICAL CARE IF:

- There is increased bleeding (more than a small spot) from the wound.
- You notice redness, swelling, or increasing pain in the wound.
- Pus is coming from the wound or the pin that is used to stabilize the toe.
- An unexplained oral temperature above 102° F (38.9° C) develops, or as your caregiver suggests.
- You notice a foul smell coming from the wound or dressing.

SEEK IMMEDIATE MEDICAL CARE IF:

- You develop a rash.
- You have difficulty breathing.
- You have any allergic problems.

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