

Forefoot reconstruction

Inflammatory arthritis (such **Rheumatoid arthritis** and **Lupus**) lead to **deformities** that are more severe and disabling than **osteoarthritis**.

In relation to the forefoot it can cause

1. **Severe bunions**
2. **Painful clawing of the toes.**

There may be **calluses and corns** on the toes as a result of pressure areas and finding suitable footwear is difficult.

Patients may also describe a feeling of walking on pebbles as the padding underneath the forefoot has both thinned out and been dragged away from its normal spot.



Management:

It is important to obtain **weight bearing xrays** to help assess the functional impact of the deformity.

Non surgical treatment:

- Referral to an orthotist and/or podiatrist to assist with of **modification to footwear** with a wider and deeper toe box as well as an orthosis (**insole**) that can offload the area that feels like pebbles.
- Your **rheumatologist** will assist with ensuring you are on the right “*disease modifying*” agents so as to limit the progression of the disease and to assist with management of medication in the “**perioperative**” period.

Surgical management is aimed at ***straightening your foot*** to accommodate normal footwear and **allow *painless walking***.

This often means a small amount of shortening of the overall length of the foot.

You may need to see the **anaesthetist** so they can assess your fitness for surgery.

The operation takes up to 3 hours especially if both sides are are operated on at the same time, and you will need **1-3 nights in hospital**.

You will likely require a **fusion of your big toe** which usually eliminates the bunion
In addition to **straightening of the claw deformities** in the form of either a “**Stainsby**” or “**Fowler**” procedure.

You will have wires (protected) protruding from the ends of your toes for 6 weeks and require special open footwear during this time.

You will be allowed to weight bear after the procedure but it is important to spend as much time as possible with the operated foot strictly elevated above the level of your heart.



You will be **reviewed at 2 weeks** post surgery to assess the **wound healing process** which is something that must be taken very seriously.

Other potential complications include:
infection, loss of blood supply to the toes, failure to resolve symptoms.
The risks will be further discussed at time of consent for surgery.

Swelling and pain can be an issue for up 3 - 12 months.