

# Patient information

## Rheumatoid Forefoot Reconstruction

### What is it?

This is an operation to correct the severe toe deformities which occur in the feet of people with rheumatoid arthritis and other similar conditions. Occasionally it is done for deformities caused by other conditions.

### Why would it be done?

Severe toe deformity with pain and problems with shoe wear. Usually, people have pain under the ball of their feet, which is often described as “walking on pebbles”.

Surgery would only be advised if the use of wide shoes with plenty of toe-room and insoles have not been helpful.

One foot can be done at a time, or if both feet are affected, both can be done at the same time if that is your preference.

### What does it involve?

The main joint of the big toe is fused. This makes the toe straight and stronger, able to take its share of weight in the foot. A cut is made over this joint, the arthritic joint is cut out and the bones fixed together, usually with two screws. The joint is stitched up.

Each small toe is straightened, using a method called the “Stainsby operation”, after the surgeon who developed it. Cuts are made over the tops of the toes. A piece of bone is removed from the base of the toe to relax the toe and allow it to drop into the correct position. The ligaments and tendons of the toe are then repaired and the toe is held in position with a pin.

At the end of the operation a plaster is applied.

### How long will I be in hospital?

You will stay in hospital three to four nights. However, some people are ready to go home sooner, while some, especially if they have many other joint problems or are on their own at home, may take longer.

### Will I have to go to sleep (general anaesthetic)?

The operation is usually done under general anaesthetic (asleep). In addition, local anaesthetic may be injected into your leg or foot while you are asleep to reduce the pain after the operation even if you go to sleep for the surgery. You will also be given pain-killing tablets as required.

Discussion with your anaesthetist on the morning of your surgery will confirm this.

### What will it be like afterwards?

The big toe is fixed in one position. This will limit your choice of shoes, especially heel heights, and your surgeon will agree the position of the toe with you before surgery.

The small toes will be shorter and rather floppy, especially at first. The calluses on the sole of your foot will gradually disappear, usually after about six weeks.

A plaster is worn to protect the healing fusion for six to eight weeks. The pins stay in the small toes for six weeks. They are then usually quite loose and can be removed in the clinic with little discomfort.

## How soon can I...

### Walk on the foot?

You can start walking once the plaster has dried, after 48 hours. **For the first 10 days you will be asked to put weight on the heel only.** A full plaster will be put on one week after surgery.

### Go back to work?

Most people find they cannot work until the plaster has been removed, after six to eight weeks. However, this is not a hard and fast rule: if you have one foot only done, can get about on crutches, do a desk job and can get to work, you could probably go back to work after about three weeks.

### Drive?

Once your plaster has been removed you may be able to start driving again. You must be comfortable and not too stiff before trying to drive. Start by sitting in the car and trying the pedals then drive round the block. Drive short distances before long ones. Remember, if you cannot safely make an emergency stop your insurance will not cover you in the event of an accident. Ask your surgeon when it is safe for you to drive again.

### Play sport?

After you come out of plaster you can start gently exercising your foot and walking further each day. When you are comfortable doing this you could start gentle running and stretching. Most people with severe arthritis will have some limitations on the kind of exercise they can take, but a well-corrected foot will not add to your limitations.

## What can go wrong?

### 1. Swelling

The foot tends to swell up quite a lot after surgery. Swelling is part of your body's natural response to any injury and surgery is no exception.

In addition, your foot is at the bottom of your body so fluid tends to collect in its tissues ("at the bottom of the slope") and cause swelling.

People vary in how quickly this swelling disappears after an operation and **6 months** is not all that unusual. Provided you are not having undue pain or inflammation there is probably nothing to worry about and you can afford to give it time.

### 2. Infections

Infections in the wound, plaster problems and minor damage to the nerves of the toe can occur in any foot surgery. Usually these are minor problems that get better quickly. After a forefoot reconstruction, the wounds on top of the foot tend to look quite messy for two to three weeks because of the amount of stretching of the skin, but usually settle well after this time.

In 10% of forefoot reconstructions, the big toe fusion fails to fuse. Only half of these cause problems, but if they do, you may need another operation.

The big toe is now fixed in one position. Sometimes the stiff toe rubs a bit on shoes, or puts stress on the small joint in the middle of the toe.

## How can I prepare for surgery?

It is important to prepare for an operation to reduce the risks of complications. You should stop smoking, do some exercise, eat healthily and prepare for the phase after surgery. Fruit, vegetables and protein help wound healing. There is information about how to do prepare at: <https://www.cpoc.org.uk/patients>.

## Important information

The information in this leaflet is for guidance purposes only and is not provided to replace professional clinical advice from a qualified practitioner.

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## Your comments

We are always interested to hear your views about our leaflets. If you have any comments, please contact the patient experience team on 0300 131 4784 or [esh-tr.patientexperience@nhs.net](mailto:esh-tr.patientexperience@nhs.net).

## Hand hygiene

We are committed to maintaining a clean, safe environment. Hand hygiene is very important in controlling infection. Alcohol gel is widely available at the patient bedside for staff use and at the entrance of each clinical area for visitors to clean their hands before and after entering.

## Other formats

**If you require any of our leaflets in alternative formats, such as large print or alternative languages, please contact the Equality and Human Rights Department on 0300 131 4434 or [esh-tr.AccessibleInformation@nhs.net](mailto:esh-tr.AccessibleInformation@nhs.net).**

After reading this information are there any questions you would like to ask? Please list below and ask your nurse, doctor or practitioner.

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## Reference

The clinical specialty/unit that has agreed this patient information leaflet:  
Diagnostic, Anaesthetic and Surgery

Next review date:           October 2026  
Responsible clinician:     Consultant Orthopaedic Surgeon