

Straightening Lesser Toe(s)

What is it?

This is an operation to correct deformities of the toes other than the big toe, usually "hammer" or "claw" toes. The operation described here is the commonest which is done for these problems. It's used when the joint at the base of the toe is flexible but the joint in the toe itself is stiff - this is the usual situation.

Why would it be done?

If the deformity is painful, causes the toe to rub in the shoe or causes pressure in the ball of the foot, and cannot be accommodated in a shoe, surgery would be considered. Some people prefer to have shoes with extra depth and possibly an insole provided. Others do not like such shoes, or are not comfortable in them.

What does it involve?

A cut is made along the top of the toe. If several toes are operated on at the same time, the cut looks like a "Y" with the limbs of the "Y" going into neighbouring toes.

The joint at the base of the toe is freed up and occasionally a little bone is removed from this joint to allow the joint to be corrected. The joint in the middle of the toe is opened and some bone removed to allow correction of the deformity. Occasionally one of the tendons from the underside of the toe is re-routed to the top of the toe to help keep it corrected. The toe is then stabilised with a pin driven into the tip just below the nail. The cut is stitched up and dressings applied. There is no need for a plaster.

Can it be done as a day case operation?

If you are medically fit, have someone who can collect you and look after you after the operation, and you are comfortable afterwards, the operation can be done on a day case basis.

However, if you have other medical problems such as diabetes, asthma or high blood pressure or cannot be collected and looked after, you may have to stay overnight after surgery.

If you are having many toes operated on, especially if both feet are involved, it may be best to stay in for a day or two to allow swelling to go down.

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 ankle 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.

Will I have a plaster on afterwards?

No plaster is required if you are only having your toes straightened. Some people also have a bunion corrected, or an operation for arthritis of the big toe, at the same time. If so you may have a plaster shoe applied to protect the big toe.

What will happen afterwards?

The dressing on your foot can be removed 14 days after surgery and replaced with a simple adhesive dressing to cover the wound. Try to keep the cover on your pin, but if it falls off, wrap a bit of sticky tape round it to stop it catching on things. Try to keep the pin and wound dry till any scabs have healed and fallen off.

Six weeks later the pin will be removed in the clinic. In almost all cases, the pin is quite loose at this point and can be removed easily. In fact, it occasionally falls out itself in the week before it should be removed. If this happens, don't worry, just put a piece of Elastoplast over the pinhole, keep it clean and come to clinic as arranged.

After the pin is removed, you will be taught how to massage the wound and the toe, and how to stretch the toe to prevent it tightening up again. Once the pinhole is dry and the scab has fallen off, you can get the toe wet.

Usually we see you again about a month after the pin has been removed to check all is well.

How soon can I?...

Walk on the foot?

You can walk on the foot immediately after surgery. The ball of the foot may be rather sore after the toe is straightened so you may wish to put most of your weight on your heel for the first week or two.

Because of the pin sticking out of the end of the toe, it is impossible to wear an ordinary shoe until the pin is removed. We can provide a special shoe, or you can cut the toe out of an old pair of trainers.

Go back to work?

If your foot is comfortable, and you can keep your foot up and work with your foot in a special shoe, you can go back to work within a few days of surgery. On the other hand, in a manual job with a lot of dirt or dust around, you may need to take anything up to two months off work. How long you are off will depend on where your job fits between these two extremes.

Drive?

If you have only your left foot operated on and have an automatic car you can drive within a few days of the operation, when your foot is comfortable enough. Most people prefer to wait till the pins are removed and they can wear a shoe.

Play sport?

After your pins are removed, you can start taking increasing exercise. Start with walking or cycling, building up to more vigorous exercise as comfort and flexibility permit. Most people can get back to their previous level of activity within three to four months of surgery.

What can go wrong?

The commonest problem is recurrence of the deformity, usually to a much less severe degree than before. This occurs in about 10% of people, but only a few of these will have to have further surgery.

Most people's toes will be fairly swollen after the operation, and sometimes some swelling persists indefinitely. The wounds and pinhole usually heal quickly, but occasionally these can become infected and need antibiotics.

The nerves and blood vessels in a toe are quite small and may be stretched or damaged in the course of surgery. As a result, about 5% of toes will be a bit numb or sensitive afterwards. Rarely the blood supply to a toe may be so badly affected that it dies or has to be amputated.

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.

It is important to prepare for an operation to reduce the risks of complications. There is information about how to do this at: <https://www.cpoc.org.uk/patients>.

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.

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.

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

Reference

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

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