

## Weil Osteotomy

### What is it?

The Weil osteotomy is an operation for pain in the front part of the foot, under the "knuckle bones". Doctors call this type of pain "metatarsalgia". It may also be done as part of an operation to straighten one or more of your toes.

### Why would it be done?

There are a number of operations depending on the cause of your metatarsalgia. If the main problem, or an important part of the problem, is that one of the knuckle bones ("metatarsals") is too long relative to the others, or points too far downwards, the Weil osteotomy would usually be advised.

If you have a curved or hammer toe and wish to have it straightened. A Weil osteotomy of the metatarsal will relax the joint enough to allow it to straighten and heal without excess pressure.

### What does the operation involve?

A cut is made on top of the foot between the metatarsal bones. If you are having your toes straightened at the same time the cut may extend into the toes, or there may be separate cuts on the toes. The metatarso-phalangeal joint at the base of the toe is opened and freed to relax the tissues. A cut is made into the metatarsal bone to allow it to slide back enough to relax the joint and relieve the pressure under your foot. The amount it needs to slide is measured by your surgeon on X-rays taken before the operation. The bone is then fixed in its new place with one or two tiny screws and the cut is closed.

This process may be done on one or more metatarsal bones. You may need to have several bones done if:

- More than one bone is painful.
- More than one toe is being straightened.
- Only one bone is painful but reshaping this bone will put pressure on the other bones of the foot: in this case two or three bones may be reshaped to even out the pressures.

### 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.

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

The operation can be 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.

### Will I have a plaster on afterwards?

You don't usually need a plaster after a Weil osteotomy. Usually we will put dressings and a bandage on your foot and you can walk on it in a protective sandal with a stiff sole.

## How soon can I?...

### Walk on the foot?

You can walk on the foot immediately

### Go back to work?

This depends on what you do and how you get to work. If you have a sitting-down job that you could do with your foot in bandages or plaster, and you can get to work, you could probably go back to work a few days after surgery. On the other hand, if you have a heavy manual job you may be off for up to three months. If you need to drive to work you will be off work for six weeks.

### Drive?

Once your bandages or plaster have been removed you may be able to start driving again. This is usually at six weeks. 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.

### Play sport?

When you are comfortable doing this you can start gentle running and stretching at eight weeks onwards. Contact, twisting and impact sports can follow as comfort dictates. Everyone is different in how quickly they can take up exercise again: be guided by your own body's reactions and the advice of your surgeon. Most people can get back to most of their previous activities within six months of bunion surgery.

## What can go wrong?

About 80% of people get an excellent result from a Weil osteotomy. However, up to 20% are not quite right for a number of reasons:

**Metatarsalgia** is a complicated condition and although your surgeon will take care to work out the cause in your foot as best as he can, there may be some cause which is not obvious until after some of the problems have been dealt with by surgery. If so, you will still have some pain in your foot afterwards. There may be another treatment which can be added for this continuing discomfort.

### 1. Pain

Getting the exact balance right in metatarsal surgery is difficult and in some people, even a couple of millimetres out will leave some pressure in the foot in which case there may still be some pain. Further treatment may help but not always.

### 2. Scars

Any operation causes some scarring. In the Weil osteotomy this is inside the metatarsophalangeal joint and will cause the toe to be stiff. In some cases this is a good thing, as it stops the toe from curling up, but in other cases it may be annoying if the toe was supple before.

### 3. Nerves

The nerves to the toes run right under the cut in the foot. We take great care to protect the nerve, but sometimes it becomes stretched and sensitive or numb. In the majority of people this gets better after two or three months, but in others it does not.

#### 4. Swelling

It is common for the foot to be swollen for several months following surgery, and some people's feet always remain slightly puffy. You may find that only trainers are comfortable for several months. Keeping your foot up, applying ice or wearing elastic stockings may help to keep the swelling down. Swelling is part of your body's response to surgery rather than the operation "going wrong" but it is a nuisance to many people who may be concerned that something has indeed gone wrong. If you are worried about the swelling of your foot, ask one of the foot and ankle team (your physiotherapist, chiropodist, nurse or surgeon) whether the amount of swelling you have is reasonable for your stage of recovery.

### 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 – Tel: 0300 131 4731 or by email at: [esh-tr.patientexperience@nhs.net](mailto:esh-tr.patientexperience@nhs.net)

### Hand hygiene

The Trust is 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 the Trust leaflets in alternative formats, such as large print or alternative languages, please contact the Equality and Human Rights Department.**

**Tel: 0300 131 4500 Email: [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 directorate group that have agreed this patient information leaflet: Orthopaedics

Next review date:

Responsible clinician: Mr A Skyrme, Consultant Orthopaedic Surgeon