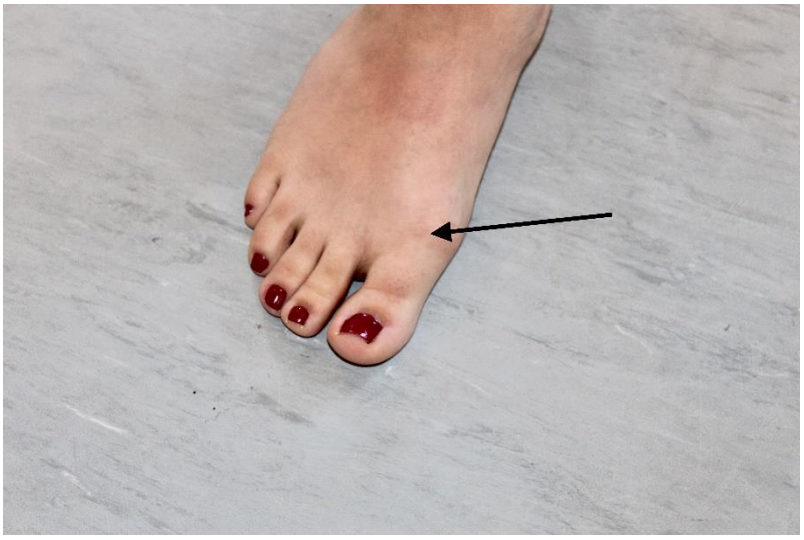
NIKHIL NANAVATI

Big Toe Arthritis (Hallux Rigidus)



Introduction

This is an extremely common condition. After all, when we walk or run, the big toe has such a large amount of force acting upon it for such a relatively small joint. This means that it's more likely to wear out over time. You may notice a bump at the bottom of the big toe and pain within the joint when walking.

Treatment

There are multiple treatments available for big toe arthritis ranging from brace supports to surgical fusion or ankle replacements. Each treatment should be tailored to patient-specific needs and requirement.

Brace supports: There are devices available which hold the toe in a fixed position to prevent it moving and therefore limit pain from this joint

Injection: Injections with steroid and anaesthetics can be performed under X-ray guidance at regular intervals.

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Surgery – Cheilectomy and debridement: The joint is inspected, cleaned out and any bony lumps and bumps are trimmed. Outcomes of this procedure are dependent on the amount of wear and tear in the joint. Joint motion is preserved.

Surgery – Cartiva synthetic implant: An implant made from the same material of contact lenses is inserted into the joint to act as a 'spacer' device which minimises friction in the joint. Outcomes from this procedure are heavily debated and whilst the aim is to preserve motion, some patient still experience pain.

Surgery – Big toe fusion: This is the gold standard treatment for big toe arthritis. It has lots of data supporting good outcomes for pain relief and improving quality of life for patients. The toe is fixed in a position that allows the majority of weightbearing activities including jogging and walking (sprinting is not advised). **The maximum size heel that can be worn after this procedure is one inch which is important for those still wanting to wear high heels.**

After the operation

Cheilectomy and debridement

Patient are provided with a heel weight-bearing shoe (i.e. can only walk on heels) for 2 weeks to allow the wound to heal. The toe can move freely during this time. The wounds are inspected at the two-week mark and sutures removed following which the foot is left free to mobilise in normal footwear.

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Cartiva synthetic implant

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Big toe fusion

Patients are provided with a heel weight-bearing shoe (i.e. can only walk on heels) for six weeks. The wounds are inspected at the 2 week mark and sutures removed. An X-ray is performed at the 6 week mark and if satisfactory, patients can mobilise in their normal footwear.

Patients will also be provided with a personalised treatment plan following their individual operations.