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Are You Ready for Hammertoe Surgery?

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Many of my female patients have been muddling through life in severe pain caused by hammertoes and reluctantly stopped doing physical activities they once loved. Any physical activity that requires a bit more walking or standing becomes difficult without another layer of padding in their shoes. Playing tennis or running is even more challenging, and unfortunately many decided to “just call it quits.” Most of them tried conservative treatments, but nothing seemed to work. When I ask them what took them so long to seek treatment, the overwhelming response is that they were too busy to take time off for surgery or scared to death of surgery. Many women, however, are seriously ready to explore surgical options. Here are some of the common issues we talk about:

What are some of the non-surgical treatments that I can try?

Non-surgical treatments cannot correct a hammertoe deformity. The goal of non-surgical treatments is to prevent the progression from advancing and to eliminate pain. Here are some ideas:

- Wear comfortable shoes with soft upper materials that provide more room in the toe box around the hammertoes. Open-toe shoes can also relieve pressure and provide pain relief.
- Visit a shoe repair shop to have your shoes stretched in the toe box so it bulges out around the hammertoe.
- Each week, trim or file down your calluses and corns with a pumice stone following a bath or shower.
- Silicone pads, hammertoe cushions, toe sleeves, and splints

are helpful to relieve pressure and pain. Over-the-counter foot inserts and custom orthotics also help reduce pain at the ball of the foot or under the hammertoes.

When is surgery an option?

Surgery becomes a viable option if the conservative treatments do not improve your symptoms or alleviate the pain. If the deformity is the result of a nervous system problem or a condition that affects your blood vessels, surgery may not even be an option.

What kinds of surgery are available?

Surgery is generally a last-resort measure that is used to correct the deformity and relieve the pain. There is no single surgical procedure that is best for everyone because each patient is different. After conducting a thorough assessment of the underlying causes, your surgeon will know when surgery is the best option for you. Multiple surgical procedures are available and each one accomplishes a slightly different outcome. Your surgeon may have to mix and match procedures to select the best surgical plan for you.

Usually surgery is done on an outpatient basis with a local anesthetic, and you are allowed to go home the same day. Most of the time, you are permitted to walk after surgery and you are not put in a cast; however, this may not be the case if other more extensive procedures are required to correct your foot.

Surgical correction usually involves the rebalancing of tendons and ligaments where the toe joins the ball of the foot, and straightening the middle of the toe joint by fusion. Sometimes, other surgical procedures are done to correct associated deformities like bunions, or to loosen the calf muscle. Some of the types of surgeries include the following procedures:

- **Resection** — removal of bony prominence in a toe joint that prevents the toes from straightening.
- **Tendon transfer, lengthening, or release** — re-routing the tendon to put it in a more balanced position, relaxing the tendon so the toe can be straightened, or restoring the alignment to ease the tension in the joint.
- **Metatarsal shortening** — shortening the long bone to provide more space for the toe to extend into footwear.
- **Arthrodesis** — removal of part of the joint letting the toe bones grow together to minimize or eliminate motion and pain.
- **Arthroplasty** — removal of a small portion of the joint to improve range of motion and flexibility.

Several of these procedures require the implantation of orthopedic products to fix the deformity and to neutralize the soft tissue imbalances that contribute to the deformity. These products may include wire pins, screws, and implants to ensure joint fixation and stabilization. Newer bone fixation methods that have been introduced include allograft bone pins, bone staples, resorbable rods, one and two-piece metallic fixation devices, and intramedullary K-wires.

How long is recovery?

Recovery varies depending on the type of surgery performed. In minor instances that require a release or lengthening of the tendon, surgery is simple and quick, and recovery time is a minimal. In moderate cases that use permanent implants, recovery is fairly simple because there are no wires protruding out the ends of the toes. Healing occurs over a few weeks with full recovery within a month or two. In more advanced cases that use wire pins and screws, or involve procedures to correct other deformities, pins are left in place for six weeks and removed in the clinic. It may take four to six months to fully recover. For the more extensive surgery, patients who have a sedentary job can usually return to work quickly (two weeks) and within two months if their job requires standing or walking.

What are the success rates for hammertoe surgery?

The success rate for hammertoe surgery is estimated at approximately 85 to 90 percent; however, it is difficult to predict the results of hammertoe surgery because there is such a wide variety of deformities and surgical variables. The standard wire pins technology that has been widely used for the past 30 years continues to be the predominant method of choice; however, many new internal fixation and decompression techniques are producing wonderful outcomes. Success largely depends on selecting a skilled foot and ankle surgeon who is able to successfully perform the exact procedure required. The ultimate success is achieved if your surgeon is able to correct your deformity and relieve your pain.

What are the risks?

As with any surgical procedure, there are risks associated with hammertoe surgery that should be discussed with your surgeon. Consult with your surgeon to understand the pros and cons of all non-surgical and surgical treatment options.

Where can I get additional information?

Don't let hammertoes cramp your style! If you are interested in seeking a board-certified surgeon for information about hammertoe treatment or surgery, call Dr. John M. Sigle at 217- 787-2700 for a consult. The Foot & Ankle Center of Illinois is conveniently located in Springfield, Decatur, Taylorville, Carlinville, Shelbyville, Sullivan, and Monticello. Also, visit myfootandanklecenter.com for more information.



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