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New Advancements for Hammertoe Surgery

By John M. Sigle, DPM, FACFAS

If you are suffering from hammertoe pain and discomfort and hate the appearance of your feet, you are not alone. Jennifer, a 37-year-old mother of three children under the age of six, has endured painful hammertoes in her feet since she was a teenager.

As a child, she began ballet at the age of six. Jennifer's hammertoes started as mild deformities by the time she was ten.

During her teens, she participated in modern dance and was on the cheerleading squad in college. These activities caused additional trauma to her toes.

Jennifer's hammertoes got progressively worse over time. After college, she accepted a corporate position in sales that required her to wear high heels. Her pain and discomfort was obviously aggravated by her choice of shoes. By the end of the working day, Jennifer's feet were swollen and she experienced a burning sensation in her toes.

As Jennifer's hammertoe deformity progressed, her toes became more ridged and permanently bent. Pain and discomfort became intolerable when playing tennis or jogging. Corns and calluses began to form as well as open sores. Eventually, she just skipped doing activities she loved because she couldn't tolerate the bolts of sharp, aching pain. Jennifer's hammertoes also became unsightly, causing her embarrassment. She had a difficult time wearing open-toed shoes and sandals during the summer. She was particularly embarrassed when she went barefoot at the pool with her children. Even getting a pedicure caused anxiety.

Throughout her life, Jennifer tried most of the conservative treatments like over-the-counter pain medications, wearing larger shoes, using shoe inserts, toe cushions, toe protectors, toe separators, and toe loops. She even tried doing toe exercises and stretches.

Jennifer did everything possible to avoid surgery, mostly because of the horror stories she heard where things went wrong.

It is evident that the problems caused by hammertoes for many women go well beyond their wardrobe. Many women however, are at a crossroad and seriously ready to explore surgical options. Here are some of the common issues we talk about when patients come schedule a consult for hammertoe surgery.

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?

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.

Some of the types of surgeries include:

- **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.
- **Toe implants** — toe implants are an alternative to traditional surgical treatments. This is a new procedure consisting of surgical corrections and toe straightening by inserting a small screw into the bone. The implant is permanent and preserves the correction.
- 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.

Can multiple deformities be corrected at the same time?

Often times, when patients with hammertoes have bunions or other foot deformities on the same foot, surgery can be done at the same time. When there are bilateral deformities (present of both feet) surgical options become more complex and may vary. Your foot and ankle surgeon will take into consideration the extent of the deformities, number of toes involved, age, and activity levels when developing a custom surgical plan that will accommodate your situation.

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 minimal.

In moderate cases that use permanent implants that remain in the bone, recovery is fairly simple because there are no wires protruding from the ends of the toes. Healing occurs over a few weeks with full recovery within a month or two.

Traditional hammertoe surgeries that use exposed K-wires that protrude beyond the end of the toe are left in place for four to six weeks and removed in clinic. It may take four to six months to fully recover. During recovery, these patients are required to stay off their feet. Open-ended shoes are worn to accommodate the wires that are beyond the end of the toes. For the more extensive surgery, patients who have a sedentary job can usually return to work as quickly as 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 K-wire technology that has been widely used for the past 30 years continues to be the predominant method of choice.

Many foot and ankle surgeons are beginning to use a wide range of toe implants because they are producing positive outcomes. This

technology offers fewer complications, faster recovery, and less chance of infection. Corrected toes remain in place and are less likely to revert back to their hammer-toe position.

What are the risks?

As with any surgical procedure, there are risks associated with hammertoe surgery that should be discussed with your surgeon. Also, your physical makeup (age, weight, and medical history) determine specific risks.

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 or Dr. Grant Gonzalez at 217-787-2700 for a consult. The Foot & Ankle Center of Illinois is conveniently located in Springfield, Decatur, Taylorville, Carlinville, Shelbyville, and Sullivan. Also visit myfootandanklecenter.com for more information on new advancements in hammertoe surgery.



**Julie's upcoming events,
please call for more
information or to RSVP**

Nov 16th, 2pm – Rochester Public Library
How Much Does Long Term Care Cost & Who Pays For It?

Nov 16th, 6:30pm – Springfield,
Retirement Income Educational Seminar

Nov 17th – Children's Miracle Network Radio-Thon
Listen for Julie's Power Hour on the Wolf, Friday afternoon

Julie Hale-Miller, CASL

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