
Patient agreement to investigation or treatment

Operation for Hallux Rigidus (arthritis of the big toe) either cheilectomy or fusion

Author: ©Andrew HN Robinson

Brief description:

- You have been recommended to have surgery on your big toe (the first toe, equivalent to your thumb) because of hallux rigidus (which is Latin for a stiff great toe). The operation aims to re-align the great toe.
- Here, we explain some of the aims, benefits, risks and alternatives to this procedure (operation/treatment). We want you to be informed about your choices to help you to be fully involved in making any decisions.
- Please ask about anything you do not fully understand or wish to have explained in more detail.
- If you would like this information in another format or language or would like help completing the form, please ask a member of our staff.

Please bring this form with you to hospital

- You will be asked to read this form carefully, and you and your doctor (or other appropriate healthcare professional) will sign it to document your consent.
- All our consent forms are available on the Addenbrooke's website:
<http://www.addenbrookes.org.uk/consent>
- Remember, you can change your mind about having the procedure at any time.

For staff use:

Does the patient have any special requirements? (For example, requires an interpreter or other additional communication method)

.....

.....

About the operation for Hallux Rigidus

Hallux Rigidus is caused by arthritis at the base of the big toe. It commonly affects active and sporty people as a result of repeated trauma. The stiffness, which causes pain of the toe is especially noticeable on the upward bending that is caused by walking or running. As well as the pain and stiffness, hallux rigidus causes a bump on the top of the big toe.

We recommend that this surgery should only be undertaken if your symptoms are significant, and also if the alternative treatment (see below) without surgery is not satisfactory to you. There are two forms of surgery: cheilectomy and fusion.

Before your procedure

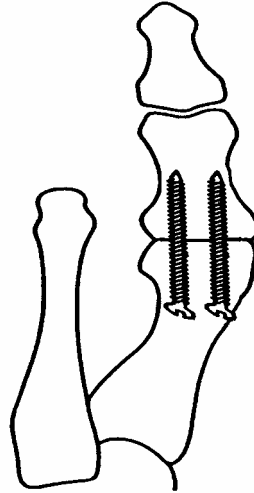
- Both types of surgery are performed either as a day-case (you will **not** have to stay in hospital over-night), or as an inpatient with a stay in hospital over-night.
- The surgery is usually carried out under sedation combined with local anaesthetic. On occasions a general anaesthetic is used (see below for more information). See below for further details about the types of anaesthesia we shall use.
- If you have your surgery as an inpatient then you will be invited to attend a pre-admission clinic when you will be seen by one of the House Officers (junior doctors) attached to the Department.
- At this clinic, we shall ask you for details of your medical history and carry out any necessary clinical examinations and investigations. This is a good opportunity for you to ask us any questions about the procedure, but please feel free to discuss any concerns you might have at any time.
- You will be asked if you are taking any tablets or other types of medication - these might be ones prescribed by a doctor or bought over the counter in a pharmacy. It helps us if you bring details with you of anything you are taking (for example: bring the packaging with you).

During the procedure

- Before your procedure, you will be given the necessary anaesthetic and sedation - see below for details of this.
- **Cheilectomy**
This is an operation to remove the extra bump of bone on the top of the big toe. It increases joint movement, and is successful in reducing symptoms in 90% of patients who have less- severe arthritis. If cheilectomy fails, it is possible to perform a fusion at a later date.
- **Fusion**
This is a more involved operation in which the metatarsal bone (the bone at the base of the toe) is fused to the phalanx (toe bone) using bone screws. This produces a stiff joint that can't be bent. Any bony bump is usually trimmed at the same time.

The operation aims to re-align the great toe. It usually maintains the strength of the

big toe and reduces pain. The bending movement of the big toe is lost. The operation involves holding raw bone edges together while they unite, two internal screws are usually inserted. The foot is usually protected in a post-operative sandal. If the screws cause symptoms they may need to be removed at a later date in a similar-scale operation.



After the procedure

- After either type of operation, you will wake up with your foot in a bandage. The foot is always sore, but the pain can be helped with painkillers (usually as tablets). To minimise any swelling of the foot, you will need to keep your foot up after the operation.
- **When you can leave hospital:** People who have had this type of procedure will either be able to leave hospital the same day or the next day after the operation. The actual time that you stay in hospital will depend on your general health, how quickly you recover from the procedure and your doctor's opinion.
- **Getting around and about:** When you are discharged from hospital, to start with, you will need to rest your foot and keep it elevated (above your heart level) most of the time. You will find that when your foot is lowered, it will throb and swell which is to be avoided. With time, you will find you can keep the foot down for longer periods of time. After two to three weeks, you should be able to keep it down most of the time.
- **When you can resume normal activities including work:** At around two weeks after surgery, you will return to the clinic for removal of your sutures (stitches). Following this, the speed of your recovery will depend on the sort of operation you have had:
 - A) Cheilectomy:** Your recovery after cheilectomy is usually quicker than the recovery from fusion. Over the first two weeks, you will need to wear a stiff-soled shoe, to allow the skin to heal well. You will be advised on some exercises to start the joint moving. Performing these exercises early and regularly will help you to get the best possible result from your surgery. After two weeks, you will then need to wear an open-toed sandal, preferably with adjustable straps.
 - B) Fusion:** Recovery after this type of operation is slower than after cheilectomy. On average, you should expect to wear the post-operative shoe for six weeks. After this, you will need to wear an open-toed sandal, preferably with adjustable straps. It will be a further six to eight weeks before you can wear a 'standard shoe' for a working day. It is usually three to six months from the operation before you can expect to

resume either recreational walking or light sporting activities. Your doctor will advise you on this.

In the longer-term, many patients will be able to run and participate in sports without pain after a fusion operation, however, this cannot be guaranteed.

If your recovery is slower than these times, do not be alarmed because they are only averages. If you think your recovery is being too slow please let your surgeon know when you attend the clinic.

- **Check-ups and results:** Before you leave hospital, you will be given details of when you need to return to see us for example: outpatient clinics or for the results of your surgery. At this time, we can check your progress and discuss with you any further treatment we recommend.

Intended benefits of the procedure

- Both types of surgery are designed to reduce the pain in your big toe and prevent it reoccurring.

Who will perform my procedure?

- This procedure will be performed by the orthopaedic surgeon.

Alternative procedures that are available

- The alternative to this surgery is to decide not to have surgery. The foot specialist might be able to suggest alternatives for reducing the pain in your foot.

Serious or frequently occurring risks

This surgery is a commonly performed and is generally considered a safe operation. For most people the benefits are greater than the disadvantages. However, all surgery does carry some element of risk. Despite the great care that is taken with the operation and afterwards, a small number of people (up to 10%) may have a less-than-perfect result due to problems such as:

- For both types of surgery:
 - Persistence of pain in the foot.
 - Sensitisation of the foot caused by damage to the small nerves and blood vessels during the operation.
 - Development of a corn under the second toe caused by weight transfer to the second toe.
 - Infection of the toe/foot; which can be treated with antibiotics.
 - The complications of any surgery, such as thrombosis (a blood clot) and anaesthetic problems.

- Occasionally, the foot can be worse after surgery than it was before.
- For fusion surgery only:
 - Non-healing of the bone (which occurs in about 1 in 20 people), and might require further surgery. Smoking increases the risk of this complication considerably.
 - The position in which the toe is set can also cause problems. Women may find that they cannot wear high heels after a fusion. A few people will find that the position in which the toe is set does not suit them individually, and may consider further surgery to adjust this.
 - The screws need to be removed, at a second, small operation.

Most problems can be treated by medications, therapy and on occasions by further surgery, but even allowing for these, sometimes you will only achieve a poor result. For this reason, we do not advise surgery for purely cosmetic reasons. We also advise against prophylactic surgery (which is preventative surgery to avoid problems that are not yet present).

You can reduce the risk of complications by preparing yourself and your foot, as described in our handout '**Preparing for foot surgery**'.

If you are at particular risk of complications, this will be discussed with you.

How do I know if I have a complication?

- Some problems (such as recurrence of the bump, or formation of a corn) become obvious with time but tend not to need urgent care.
- It is important that you notify your general practitioner (GP) if you get an increase in pain after you go home, and particularly if the pain does not settle with elevation of the foot and mild painkillers, because this can indicate an early infection in the wound/toe.
- If you experience a swelling of the leg or foot that does not settle when the foot is elevated above heart level, you should seek medical advice from your GP.

Information and support

- You might be given some additional patient information before or after the procedure for example: leaflets that explain what to do after the procedure and what problems to look out for. If you have any questions or anxieties, please feel free to ask a member of staff.

Day Surgery Unit at Ely: 01353 652 279
Your consultant's registrar or secretary: 01223 245 151 (via Addenbrooke's switchboard)

Your anaesthesia

Local Anaesthesia

In local anaesthesia the local anaesthetic drug is injected into the skin and tissues at the site of the operation. The area of numbness will be restricted and some sensation of pressure may be present, but there should be no pain. Local anaesthesia is used for minor operations. Usually a local anaesthetic will be given by the doctor doing the operation.

Sedation

Sedation is the use of small amounts of anaesthetic or similar drugs to produce a 'sleepy-like' state. It makes you physically and mentally relaxed during an investigation or procedure which may be unpleasant or painful but where your co-operation is needed. You may remember a little about what happened but often you will remember nothing. This is known as 'conscious sedation', and may be used by other professionals as well as anaesthetists.

Please ask if you require this information in other languages, large print or audio format: 01223 216032 or patient.information@addenbrookes.nhs.uk

Potete chiedere di ottenere queste informazioni in altre lingue, in stampato grande o in audiocassetta.

Italian

若你需要本信息的繁體中文、大字體或音訊格式的版本，請要求索取。

Cantonese

तमने आ माळिती बीछ भाषाओमां, मोटा अक्षरोमां अथवा सांभली शकाय जेवा माध्यम
(ओडीओ इमेज)मां जेठती छोय तो कृपा करीने पूछो.

Gujarati

تکایہ پرسیار بکہ نہ گہر نہ وزانیاریہت دہوی بہ زمانیکی تر . بہ پیتی گہورہ یانیش بہ شیوہی دہنگ

Kurdish

اگر آپ کو یہ معلومات دوسری زبانوں میں، بڑے الفاظ کی اشاعت میں یا آڈیو ٹیپ پروکاروں تو ہر اے مہربانی اس کیلئے درخواست کریں۔

Urdu



Addenbrooke's is smoke-free. Please do not smoke anywhere on the site.

For advice on quitting, contact your GP or the NHS smoking helpline free, 0800 169 0 169

Document History

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Consent form 1

Patient agreement to investigation or treatment

For staff use only: Surname: First names: Date of birth: Hospital no: Male/Female: (Use hospital identification label)

Responsible health professional/job title

Special requirements.....
 (For example, other language/other communication method)

Name of proposed procedure or course of treatment

Operation for hallux rigidus:

Cheilectomy or Fusion

Side (left/right).....

Statement of health professional

(To be filled in by a health professional with an **appropriate knowledge of the proposed procedure**, as specified in the Hospital's consent policy)

I have explained the procedure to the patient. In particular, I have explained:

- How it will be performed
- The intended benefits of the procedure
- Any serious or frequently occurring risks including those specific to the patient

.....
 • Any extra procedures that might become necessary during the procedure

- Blood transfusion
- Other procedure (please specify)

I have discussed what the treatment / procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient.

- The following information leaflet has been provided:
- Version/Date/Ref:

This procedure will involve:

- General and/or regional anaesthesia
- Local anaesthesia
- Sedation

Health professional's signature Date:

Name (PRINT): Job title:

Contact details (if patient wishes to discuss details later)

I have offered the patient information about the procedure but s/he has declined information.

Important notes: (tick if applicable)

- The patient has withdrawn consent (ask patient to sign/date here)
- See also advance directive/living will

Statement of the interpreter (if appropriate)

I have interpreted the information to the best of my ability, and in a way in which I believe s/he can understand:

Interpreter's signature Date:

Name (PRINT):

Copy accepted by patient: yes / no (please circle)

For staff use only: Surname: First names: Date of birth: Hospital no: Male/Female: (Use hospital identification label)

Statement of patient

Please read this form carefully. If your treatment has been planned in advance, you should already have your own copy, which describes the benefits and risks of the proposed treatment. If not, you will be offered a copy now. Do ask if you have any further questions. The staff at Addenbrooke's are here to help you.

You have the right to change your mind at any time before the procedure is undertaken, including after you have signed this form.

Training doctors and other health professionals is essential to the continuation of the Health Service and improving the quality of care. Your treatment may provide an important opportunity for such training, where necessary under the careful supervision of a senior doctor. You may, however, decline to be involved in the formal training of medical and other students without this adversely affecting your care and treatment.

Please read the following:

I understand that I will have the opportunity to discuss the details of anaesthesia with an anaesthetist before the procedure, unless the urgency of my situation prevents this. (This only applies to patients having general or regional anaesthesia.)

I understand that you cannot give me a guarantee that a particular person will perform the procedure. The person undertaking the procedure will, however, have appropriate experience.

I understand that any procedure in addition to those described on this form will only be carried out if it is necessary to save my life or to prevent serious harm to my health.

I have been told about additional procedures which may become necessary during my treatment. I have listed below any procedures that **I do not wish, without further discussion, to be carried out.**

I understand that any tissue (including blood) removed as part of the procedure or treatment will be anonymised and may be used for teaching or quality control, and stored or disposed of in a manner regulated by appropriate, ethical, legal and professional standards.

I understand that all research will be approved by a research ethics committee and undertaken in accordance with appropriate ethical, legal and professional standards.

I understand that the research may be conducted within a hospital, university, not for profit organisation or a company laboratory.

Please tick boxes to indicate you either agree/disagree to the three points below. **Yes** **No**

I agree that tissue (including blood) not needed for my own diagnosis or treatment can be used for **research which may include genetic research.** If you wish to withdraw your consent for the use of your tissue (including blood) for research, please contact the Patient Advice and Liaison Service at Addenbrooke's Hospital.

I agree to the use of photography for the purpose of diagnosis and treatment.

I agree to anonymised photographs being used for medical teaching.

I confirm that the risks, benefits and alternatives of this procedure have been discussed with me and I have read and understood the above and agree to the procedure (or course of treatment) on this form.

Patient's signature: Date:

Name (PRINT):

If the patient is unable to sign but has indicated his/her consent, a witness should sign below. Young people may also like a parent to sign here (see guidance notes).

Witness' signature: Date:

Name (PRINT):

Confirmation of consent (to be completed by a health professional when the patient is admitted for the procedure, if the patient has signed the form in advance)

On behalf of the team treating the patient, I have confirmed with the patient that s/he has no further questions and wishes the procedure to go ahead.

Signature..... Date:

Name (PRINT): Job Title:

