

Patient agreement to investigation or treatment

Correction of claw (mallet) toe and metatarsal osteotomy (bunion surgery)

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Brief description:

- You have been recommended surgery to correct your claw toe and remove your bunion. A bunion is a lump at the base of the big toe, which is caused by a sideways drifting and angulation of the big toe. This can cause crowding of the toes and lead to clawing of the little toes.
- 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)

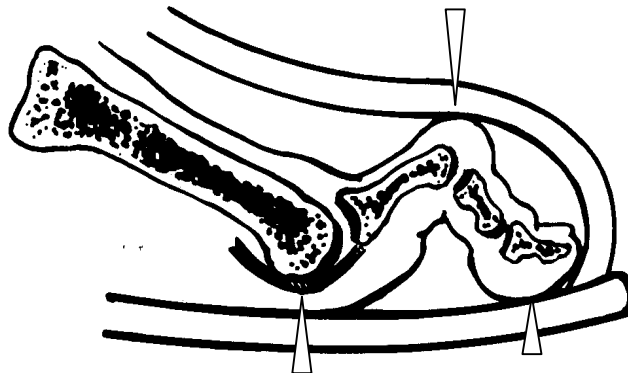
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About correction of claw (mallet) toe and metatarsal osteotomy (bunion surgery)

It is common for the little toes to become bent up, or '**clawed**'. This deformity of the foot can cause problems with pain under the balls of the feet, corns on the top of the toes, or pain under the tip of the toe (shown by the arrows in the diagram below).

A **bunion** is a lump at the base of the big toe, which is caused by a sideways drifting and angulation of the big toe. A bunion is not a bump on the bone itself, it is caused by a change in angulation of the bones in the foot. Sometimes, it is painful in itself, but more commonly it causes symptoms by pressure on footwear or, on occasions, by crowding or crossing of the smaller (lesser) toes. Indeed, the second toe can become so crowded that it becomes clawed, and can cross over the big toe.



Before your procedure

- The surgery is usually carried out under sedation combined with local anaesthetic. On occasions a general anaesthetic is used (see below for more information). Surgery is usually 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.
- 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/or sedation - see below for details of this.
- For the bunion, an osteotomy is an operation in which the bone (in this case the metatarsal bone) at the base of the toe is divided and replaced into a more correct position. Any bony bump is usually trimmed at the same time. The operation aims to strengthen the great toe, and narrow the forefoot. Because the operation involves dividing the bone, the foot has to be held in position while the bone heals together again. In the majority of cases, small screws, wires or staples are used. The foot is usually protected in a special post-operative shoe for six weeks after surgery.
- Occasionally, the big toe is osteotomised (broken) as well, a procedure known as an **Akin**. The fracture made in the bone allows the bones to be repositioned, so that the bunion disappears.
- For the claw toe, a one to two inch incision (cut) is then made at the base of the toe to lengthen the tendons and bring the toe further down. Next, a small incision is made over the 'bent joint', and a small piece of bone is removed to allow the joint to be straightened.
- At the end of the operation, the wounds are sutured (stitched), and the toe splinted using a fine wire, which is brought through the tip of the toe. A loose dressing is then applied.

After the procedure

- After the 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). The toe will usually be numb for 6 to 12 hours after the operation.
- **When you can leave hospital:** People who have had this type of procedure will be able to leave hospital either 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:** After surgery, it is important to rest your foot, keep it elevated (above your heart level). You can put it down to get about, for example to make a cup of tea, or when you need to go to the toilet. You will find that when your foot is lowered, it will throb and swell and might bleed slightly, but this will always stop if the foot is elevated again. With time, you will find you can keep the foot down for longer periods of time.
- **When you can resume normal activities including work:** Although the function of the foot will return rapidly, the toe usually stays swollen for many weeks after surgery, and does not start to regain strength until about six weeks after the operation. On average, you should expect to wear the post-operative shoe for these 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. Most people are able to return to sedentary work at about 7 to 10 days after the surgery. Driving may not be possible for

four weeks.

- 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.
- **Special measures you need to take after the procedure:** You will be given more detailed information about any special measures you need to take after the procedure. You will also be given information about things to watch out for that might be early signs of problems (for example: infection).
- **Check-ups and results:** Before you leave hospital, you will be given details of when you need to return to see us. Generally, the sutures (stitches) will be removed at about two weeks and the toe wire at about four weeks. Removal of the wire does not usually require any anaesthetic.

Intended benefits of the procedure

- The surgery is designed to reduce the pain in your foot caused by your bunion and / or claw toe and prevent it recurring.
- We expect that after surgery your toe will be straight, of correct length and contour (this means the maintaining the natural cascade of toes across the foot), and most importantly, comfortable within a shoe and free of corns; this might not happen immediately. The lesser toes may have been stiffened.

Who will perform my procedure?

- This procedure will be performed by the orthopaedic surgeon.

Alternative procedures that are available

- Minor (early-stage) deformities might respond to chiropody techniques including strapping and a localised paring back of corns, although the effects are often short-lived. For more severe deformities, your shoe can be made with an enlarged toe-box, the toe can be protected with foam tubing, or the tip of the toe can be elevated using soft splints. Some bunions are caused by having a flat foot and/or after collapse of the arches; these can be helped by wearing arch supports in your footwear. You will be advised if these are appropriate to you.
- More severe bunions and claw toes can only be corrected by surgery. This surgery should only be undertaken if the symptoms are significant and appropriate non surgical treatment has been considered.

Serious or frequently occurring risks

This surgery is commonly performed and is considered a generally safe operation and for most people the benefits are greater than the disadvantages. However, all surgery does carry some element of risk. Smoking can increase the risk of complication. 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:

- Recurrence of the claw toe and / or bunion. This may lead to the need to repeat the surgery.
- Over-correction of the great toe (so that it points inwards). This may lead to the need to repeat the surgery.
- Stiffness and pain in the toe.
- Sensitisation of the foot caused by damage during the operation to the small nerves and blood vessels.
- Non-healing of the bone.
- Development of a corn under the ball of the foot caused by weight transfer to the other toes.
- Infection of the toe/foot, the first signs of which is a painful swelling of the toe in the first days after surgery. If you find the toe is getting more painful, and especially if the pain is not relieved by elevation (lifting it above your heart level) and simple analgesia (painkillers) for example: paracetamol, then you should contact your general practitioner who will usually prescribe antibiotics for the infection.
- The complications of any surgery, such as thrombosis (a blood clot).
- Occasionally, the foot can be worse after surgery than it was before.
- 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 (preventive surgery to avoid problems that are not yet present).

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 if the pain does not settle with elevation of the foot and mild painkillers. 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

- This information is intended to help you understand your operation, and to help you to prepare yourself and your foot for it. For example, if you are a smoker, it will probably increase your chance of success if you cut down or stop smoking.
- Some patients will want to know more details of their operation and recovery period. Please ask, and we will be happy to add additional notes or comments for your assistance. Please do not proceed with surgery unless you are satisfied you understand all that you want to know about the operation.
- Describing the surgery in this level of detail can cause some patients worry, concern, or uncertainty. Please let your doctor or nurse know if this is the case, so we can address the matters of concern.

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

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 (such as an endoscopy) 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 माहिती बीछ्ठ भाषाओमां, मोटा अक्षरोमां अथवा सांभणी शकाय जेवा माध्यम (ओडीओ इमेज)मां जेठनी खोय तो कृपा करीने पृछो.

Gujarati

તકાિયે ખરસીયાર બંકે નેઘેર નેઘેઝાનિયારિયેત દેઘીયે બે ઝમાનિકીયે તર , બે બિતીયે ઘેઘરે યાનિશ બે શિયેઘીયે દેઘનઘ

Kurdish

Urdu

اگر آپ کو یہ معلومات دوسری زبانوں میں، بڑے الفاظ کی اشاعت میں یا آڈیو ٹیپ پر درکار ہوں تو براۓ مہربانی اس کیلئے درخواست کریں۔



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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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:**

