

# **Claw, Hammer and Mallet Toe Deformities**

## **What Is The Problem?**

The lesser toes can develop various deformities. They may be caused by a bunion (hallux valgus) or sometimes they occur on their own. You may have pain directly from them or pain from the pressure of shoes on the deformity. The joints at the base of the toe (metatarsal-phalangeal joint) may be affected and this causes pain in the ball of your foot

## **What Is The Deformity?**

There are various names for the deformities including mallet toe, hammer toe, claw toe and curly toe. The second toe is most commonly affected.

## **Do I Need To Have Treatment?**

If your foot is not painful then treatment is not recommended.

## **What Are The Treatment Choices?**

### **Non – Surgical**

The first line of treatment is to alter your footwear and try painkillers. A shoe with a wider toe box creates more space for your toes. Occasionally if your deformities are due to collapse of your foot arch then insoles may help. Calluses (hard skin) on or under the toes can be trimmed. Soft pads may help relieve pain from these.

### **Surgical**

If the non-surgical treatment does not help then surgery may be an option. If the deformity is flexible it may be possible to correct the deformity with tendon releases (tenotomy) or a tendon transfer. When the joints are stiff and the deformity is not correctible the joints are removed and the bones fused (known as an arthrodesis). If the joint at the base of the toe is affected (metatarsal-phalangeal joint) the soft tissue can be released and occasionally the metatarsal bone needs to be shortened to allow the joint to realign (known as a Weil osteotomy). If the deformities are caused by a bunion then this will often be surgically addressed at the same time.

This surgery can be done under general anaesthetic (asleep) or regional anaesthetic block (awake). You may be able to go home that day or may require an overnight stay in the hospital. These decisions depend on your health and situation at home. A decision will be made with you.

After the surgery you will be able to put weight on your foot when wearing a special shoe. It is important to keep your foot elevated and dry until the wound heals. You will be seen at approximately two weeks to have the wound reviewed. If you have a wire protruding from a toe then this must be kept clean and dry until it is removed (4 to 6 weeks). You will also be seen at approximately six weeks for an x-ray if you

have had a fusion or osteotomy. At this stage you will be able to return to your normal footwear. Often a sandal is required initially to accommodate the swelling.

If often takes over six months to recover from the surgery and occasionally a year.

### **Are There Complications?**

With any surgical procedure there is a chance of a complication. Every effort is made to minimise the possibility. The complications include:

<b>Infection</b>	Infections may settle with antibiotics but if serious surgery may be required. Smoking & diabetes increases your risk.
<b>Joint stiffness</b>	You are advised to gently move your toes after surgery. Except if you have a wire protruding from your toe.
<b>Swelling</b>	Most swelling resolves but some may have permanent swelling.
<b>Scar pain:</b>	A scar can be painful and sensitive. When the wound has healed and is dry, gentle massage with a moisturiser helps.
<b>Long term pain:</b>	There is a risk of persisting pain or worsening pain.
<b>Bone Union:</b>	Non-union or Mal union: The bones may not heal properly after surgery. Smoking & diabetes increases your risk. Further surgery is often required in this scenario.
<b>Tendon:</b>	There is a risk of tendon injury leading to problems.
<b>Blood clots</b>	There is a risk of a blood clot in your leg (deep vein thrombosis) or lungs (pulmonary embolus) after this surgery. Please inform the team if you have had one of these previously as this increases your risk.
<b>Numbness/Tingling:</b>	Usually this resolves, but it may be permanent.
<b>Recurrent deformity/ Over correction</b>	In these situations further surgery may be required.
<b>Metal ware breaking/ Prominence:</b>	It is rare for the metal ware to break but when the swelling settles it may be prominent.

