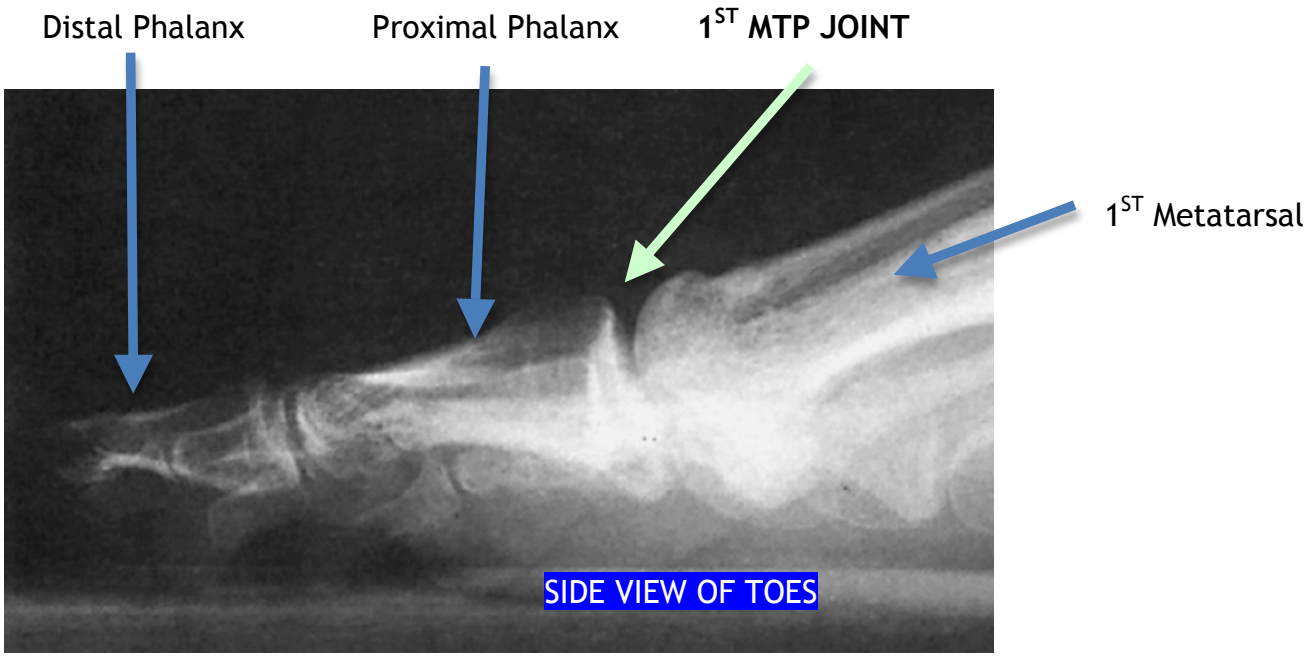


1st MTPJ Cheilectomy

Cornwall Foot and Ankle



Patient Information on 1st MTPJ (Big Toe) Cheilectomy

What is a 1st MTPJ Cheilectomy?

Cheilectomy is an operation to remove an osteophyte (bony lump) from the top of the main big toe joint. This is nearly always caused by arthritis of the big toe. (Sometimes known as Hallux Rigidus)

Why do I need a cheilectomy?

This operation is performed either because the bony lump is pressing painfully in normal shoewear or because the bony lump causes painful restriction of movement in the big toe. This is an early treatment for arthritis and is not suitable for those with advanced wear and tear.

What if I have nothing done, what will happen?

This operation is intended for patients with pain and disability who have earlier stages of arthritis on their x-ray. It is not a long-term cure for arthritis but it is aimed at improving the symptoms that you have now. If successful the improvements will hopefully be for several years.

With progression of arthritis, further surgery such as fusion or 1st MTPJ replacement may become necessary.

How is the surgery done?

Surgery is almost always done as a day case and involves a general anaesthetic. A local anaesthetic block is also used to help reduce pain after surgery. A 6-8 cm incision on the side of the big toe is used to allow access to the joint and the bone lump is removed with a special miniature saw and other equipment.



What Happens after Surgery?

How long am I in hospital for?

This surgery is performed as a daycase for the majority of patients. This involves coming to the hospital in the morning and leaving sometime between lunch and dinner time. Occasionally patients do stay in hospital overnight but this is very unusual.

What happens when I leave hospital?

When you leave the hospital, you will be wearing a bulky dressing but will be able to walk on the foot with as much weight as comfort allows. We advise resting and elevating the foot for the first 7-10 days and seeing your GP at 10-14 days for removal of stitches. From then on, only a light dressing is needed and you may start to increase activity as tolerated.

How long do I need off work?

You may return to sedentary work after 3-4 weeks. For those patients who do more manual work, longer may be required. Return to work is normally possible when the post-operation symtoms allow.

When can I drive?

As long as the foot is comfortable, when the dressings are reduced, most patients can return to driving at 2 weeks or earlier if the car is automatic and the left foot has been operated on.

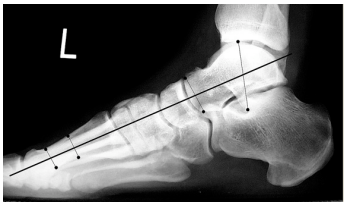
Can I Play sport?

Sport can be resumed after full recovery from surgery has occurred and walking and running is comfortable. It is sensible to start with light activity and build up.

When will I be seen in clinic?

After this surgery, you are normally seen at 2 weeks for removal of sutures- which is sometimes done by your family doctor or practice nurse and then at 6 weeks and 3 months from surgery.

Risks and Complications of 1st MTPJ Cheilectomy



General Risks and Complications

There are general risks associated with having an operation and an anaesthetic, including sickness and nausea. There is a low risk of deep vein thrombosis with elective foot surgery and the British Foot and Ankle Society guidelines suggest a daily injection of fragmin until you are more mobile if we think you are higher risk.



Specific Risks and Complications

Infection is the main risk after this surgery and this affects less than 1 in 100 patients.

There is a chance that you may have areas of numbness related to the scar on the foot

Swelling is relatively common after this surgery and may last for several months. It is advisable to try and elevate the foot and occasionally use ice after activity if swelling persists.

This surgery is designed to treat the symptoms of, rather than the cause of arthritis and there are a proportion of patients who will have continued pain after surgery and a very few may be worse. If this is the case then a great toe fusion may be necessary.



Reducing Risks and Chance of Complications

We strongly advise all our patients to try and lead a healthy lifestyle, to eat a well balanced diet and take regular sensible exercise. Smoking can increase the rate of problems with foot and ankle surgery by up to 16 times and we advise all our patients to try and stop smoking. Your family doctor may be able to help and advise you in these matters.



What do I do if I run into problems?

If you encounter any problems then we are here to help. We would like you to contact our respective secretary to make an earlier clinic appointment so that we will be able to reassure you or to intervene early.

In emergency please visit your GP or attend the Casualty Department.

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