

BIG TOE ARTHRITIS

WHAT IS BIG TOE ARTHRITIS?

Big Toe Arthritis (or Hallux Rigidus) is a common condition where normal cartilage is worn away at the 1st metatarso-phalangeal joint (MTPJ) or "big toe joint". The joint loses its normal shape, and underlying bone is exposed. There may also be formation of bony spurs (or osteophytes) around the joint.



*Large bony spur
at big toe joint*

CAUSES

Hallux Rigidus is usually the result of long term "wear and tear" associated with your daily activities. It can also be related to a previous injury (post traumatic) or may be part of another condition such as gout, long standing bunions, previous infection or inflammatory diseases such as Rheumatoid Arthritis.

SYMPTOMS

Patients experience pain and stiffness at the MTPJ of the big toe. Patients may notice a bump on the top of the joint that can rub against tight fitting shoes.



WHAT IMAGING IS NEEDED?

"Standing" x-rays must be obtained to accurately assess severity of the Big Toe Arthritis. In the earlier stages, it may only be evident on Magnetic Resonance Imaging (MRI) scan.

Arthritic joint

Mr Daniel Goldbloom

MBBS FRACS FAOrthA

FOOT AND ANKLE
ORTHOPAEDIC SURGEON

MAIN ROOMS AND ALL
CORRESPONDENCE TO:

Suite 2, Level 2
148 Glenferrie Rd
Malvern VIC 3144
0493 051 985

admin@dgortho.com.au

www.danielgoldbloom.com.au

BIG TOE ARTHRITIS

NON-SURGICAL TREATMENT

The main aim of nonsurgical treatment for Hallux Rigidus is to relieve pain by reducing the load through the arthritic joint.

A visit to the Orthotist or Podiatrist might be useful. They should be able to provide you with advice about wearing appropriate shoes and the use of walking aids. In addition, they can provide a special shoe or insole that reduces movement at the painful joint.

Lifestyle and activity modifications such as weight loss and low impact exercises may help.

Pain killers prescribed by your Doctor can assist in reducing pain. Lastly, a cortisone injection may offer relief of inflammation.

SURGICAL TREATMENT

The aim of surgery is to walk normally without pain and to return to most regular activities of daily living.

Mr Goldbloom performs three types of surgeries for Hallux Rigidus. It is important to take time at your consultation to discuss these in order to choose which option is right for you.

Cheilectomy is a procedure that involves removal of bone on the top of the joint. This can help restore "dorsiflexion" movement (elevation of the big toe). Removing the bump also reduces the pressure from tighter fitting shoes.

Interposition Arthroplasty is a newer surgical option that involves placement of a "spacer" in the joint as well as removing the bump on the top. It treats the "bone on bone" arthritis while maintaining movement in the big toe.

Fusion or MTPJ Arthrodesis is one of the most successful procedures performed by Mr Goldbloom and is often referred to as 'the gold standard' for this condition. During this procedure, the remaining cartilage is removed and the joint is deliberately stiffened. Following this procedure, many patients are able to get back running. The main limitation of 1st MTP fusion is the inability to wear heels higher than 1 inch.



Mr Daniel Goldbloom

MBBS FRACS FAOrthA

FOOT AND ANKLE
ORTHOPAEDIC SURGEON

MAIN ROOMS AND ALL
CORRESPONDENCE TO:

Suite 2, Level 2
148 Glenferrie Rd
Malvern VIC 3144
0493 051 985

admin@dgortho.com.au
www.danielgoldbloom.com.au

BIG TOE ARTHRITIS

POST-OPERATIVE CARE:

- When you go home it is very important to elevate the foot 23 hours a day above the level of your heart for two weeks.
- You will have an appointment 1-2 weeks after your operation with Mr Goldbloom and a Wound Nurse Specialist. Your dressings are to stay dry and intact until this appointment.
- Physiotherapy will be required post-operatively. It will be tailored to the type of surgery performed and how well you are recovering.
- Patients usually weight-bear in a stiff sole open toe shoe from day one for between 2-8 weeks. You will be seen by a Physiotherapist whilst in hospital who will provide you with the appropriate footwear and ensure you are able to manage your post-operative weight-bearing instructions.

Refer to the Foot and Ankle Surgery Information Sheet for further post-operative instructions.

Mr Daniel Goldbloom

MBBS FRACS FAOrthA

FOOT AND ANKLE
ORTHOPAEDIC SURGEON

MAIN ROOMS AND ALL
CORRESPONDENCE TO:

Suite 2, Level 2
148 Glenferrie Rd
Malvern VIC 3144

☎ 0493 051 985

admin@dgortho.com.au

www.danielgoldbloom.com.au