

Hallux Limitus

1. What is hallux limitus?

Hallux limitus refers to a condition where your big toe joint (first MTP joint) lost its range of motion. This condition can be troubling and painful as we use our big toe joint whenever we walk, stoop down, climb up or even stand. Since hallux limitus is a progressive condition, the toe's motion decreases as time goes on and reaches the end stage of condition known as hallux rigidus where you completely lost range of motion at the big toe joint.



2. What causes hallux limitus

There are no definite causes of hallux limitus. Common causes of this condition are as follow;

- Faulty function(biomechanics) and structural abnormalities of the foot: Abnormal pronation may cause a person to put excessive pressure on the big toe and as the big toe joints need work harder to push off the body forward, the joint cartilage becomes overly compressed and damaged.
- Previous injury to the big toe joint: Stubbing the big toe or dropping a heavy object on the big toe joint.
- Frequent wearing of high heel shoes or shoes that are too tight
- Overuse: among people engaged in activities or jobs that increase the stress on the big toe joint such as workers who have to stoop or squat
- Inflammatory arthritis – Rheumatoid arthritis, gouty arthritis

Arthritis in the joint can be attributed to repetitive strain or injury to the joint.

3. Can this condition improve by itself?

As with many arthritic conditions, it is progressive and stiffness will increase.

4. What are the benefits of surgery?

Your big toe joint should be less stiff and range of motion increases.

People often put up with the symptoms for many years and then finally seek medical helps.

This condition can be treated at any stage but surgery for early stage aim to salvage the joint while later stage surgery aims to destruct the joint commonly known as joint fusion.

5. Are there any alternatives to surgery?

Self-care at home: it should aim to reduce the inflammation, swelling and pain in the big toe and the joint.

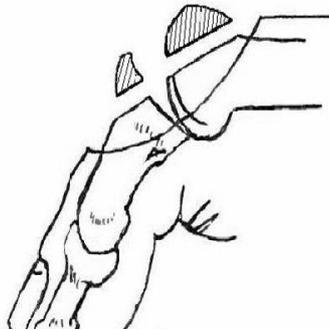
- Rest the foot by putting weight off the joint.

- Wear shoes with a rigid sole(to reduce the big toe joint from bending), wide and deep toebox, no raised heel(to reduce compression of the cartilage in the big toe joint)
 - Soaking the foot in warm water can help soothe the inflamed and painful joint.
 - Gentle massage with topical anti-inflammatory gel
- Professional treatments
- Anti-inflammatory/Pain medications
 - Orthotics to compensate for abnormal pronation or sometimes limit the motion at the big toe joint
 - Steroid injection

6. What does the surgery involve?

Depending on stage of your hallux limitus and symptoms, type of surgery performed varies.

- Cheilectomy: usually recommended for mild to moderate deformity and aims to increase range of motion by removing bone spurs and portion of bone to allow more room for the toe to bend and alleviate pain.



- Arthrodesis: It is recommended for moderate to severe hallux limitus where joint damage is severe. In this procedure, the damaged cartilage is removed from both sides of the joint and two bones are fused together with screws and/or plate. It mainly aims to eliminate the arthritis and pain.

7. Recovery in the first few weeks after surgery

- Elevate your foot as often and as much as possible to reduce swelling
- Avoid smoking
- Take pain medication as instructed
- Some blood ooze can be expected in the bandage, but if worried, contact the number given

8. Post-operative clinic schedule

- 1st week – wound check and dressing change
- 2nd week - wound check and suture removal
- 4th week - X-ray
- 12th week – Clinical examination

9. When can I walk?

Cheilectomy	Arthrodesis
<ul style="list-style-type: none">- 0-4 weeks: Full weightbearing in a postop surgical shoe- > 4 weeks: Full weightbearing in a normal comfortable shoes	<ul style="list-style-type: none">- 0-6 weeks: Full weightbearing in a postop surgical shoe- > 6 weeks: Full weightbearing in a normal comfortable shoes

10. Can I get my foot wet in shower?

In the first 2 weeks, keep the foot dry. You may shower with a waterproof cover over your foot.

11. How can I look after the incision wound?

Do not pull at scabs but let them fall away naturally. If your wound becomes red, swollen or sore, you need to see your surgeon.

12. When can I start to drive?

Do not drive until you are confident about controlling your vehicle and always check with your doctor and insurance company. Generally it will take at least 4 weeks for cheilectomy and 6 weeks for arthrodesis.

13. When can I work?

Cheilectomy	Arthrodesis
<ul style="list-style-type: none">- Sedentary: 2 weeks- Manual labour: 6 weeks	<ul style="list-style-type: none">- Sedentary: 4 weeks- Manual labour: 8 weeks

14. What long-term outcome can I expect after surgery?

Cheilectomy	Arthrodesis
<p><i>Once the wound has healed, you will gradually gain movement.</i></p> <p><i>However, it can take 3 months to be confident with your previous activities and mild swelling may persist for up to a year</i></p> <p><i>The successful surgery can last for years however depending on the severity of the initial condition, you may need further surgical intervention at some stage.</i></p>	<p><i>Gradual pain relief is noticed for 3 months until the toe has fused and fair level of activity is expected by 6 months. But it still takes 12 months to be fully recovered.</i></p> <p><i>Mild swelling can persist for up to a year.</i></p>

15. What are the risks?

As with any other surgical procedures, this surgery is not without complications. The complications fall into three categories.

- Complications of anaesthetics
- General complications of any operations
- Specific complications of small toe operation

1) Complications of anaesthetics

Anaesthetist will discuss with you the possible complications from having anaesthetics.

2) General complications of any surgery

Pain: Your surgeon will give you pain medication.

Bleeding: surgery is usually done under ankle tourniquet to minimise bleeding during procedure.

Infection: soft tissue infection could happen after the operation and it is usually managed well with oral antibiotics.

There is a slim risk that bone infection (Osteomyelitis) could happen and this usually requires intravenous antibiotics for a period of time.

Surgical site scarring: If you are prone to hypertrophic scar (Keloid), doctor can arrange scar reduction cream during the operation.

Blood clot (Deep Vein Thrombosis) in the leg: This could happen 1 in 100 but your surgeon can assess you for risk factors such as blood disorder, previous history, smoking, edema of the legs

3) Specific complications

	Cheilectomy	Arhtodesis
Nerve Damage	<i>Leading a patch of numb skin near the cut or a tender scar. This usually settles on its own but may be permanent</i>	
Problem with bone healing	<i>There is no cut in the bone</i>	<i>It may take a longer time than normal (delayed union) or may not fuse (non-union) which require further surgery</i>