
GREAT TOE CHEILECTOMY PROTOCOL

Arthritis of the big toe (hallux rigidus) is a common source of pain and discomfort. When conservative management fails, surgery may be indicated. A cheilectomy involves the removal of arthritic bone from the top of the great toe to increase motion and decrease pain. Occasionally further work is required, which may include the placement of tissue between the great toe bones or a “Cartiva” great toe replacement. These additional procedures are done as indicated but may increase and prolong swelling and discomfort.

Please note that this is a rough guideline and your case may vary, especially if it is a revision case.

Phase 1: Protection and Healing (0-8 weeks)

WEEK 1: Full weightbearing as tolerated (WBAT) in postoperative shoe

- Elevate the leg above the heart to minimize swelling 23 hours/day
- Ice behind the knee 30 min on/30 min off (Vascutherm or ice bag)
- Crutches or walker for balance
- Acetaminophen (e.g. Tylenol) 500mg every 6 hours alternating with ibuprofen 600mg every 6 hours or meloxicam 15mg once daily. Narcotic pain medication (hydrocodone or oxycodone) should be reserved for breakthrough pain as second line medication. Do not take over 4,000mg of acetaminophen per day.

1st POSTOP (1-2 WEEKS): dressing change, initiate great toe ROM

- ROM may be held until 2 weeks if additional procedures are performed

WEEK 2: Sutures removed 10-14 days postoperatively

- Elevation/ice as necessary
- Regular shoe when swelling allows

WEEK 6: Tentative office recheck if continued symptoms or concerns

- May otherwise gradually progress to full activity as tolerated
- If stiffness or swelling persists, may initiate formal physical therapy (PT)

PHYSICAL THERAPY: start between 2-3 weeks post op, focus on motion and swelling at first, then gait training and strengthening; Patient specific desires on gait training with/without therapist

DRIVING: Prior to driving, you must be able weightbear on your right foot without crutches. In addition, you may begin driving at 2 weeks if surgery on right foot when able to stand unsupported on right foot without assistance; if left foot, may drive automatic transmission car when off narcotic pain medication.

RETURN TO FUNCTION: May take up to 3 to 6 months depending on pain and swelling. Soreness and swelling may persist for several months. This is especially typical when the Cartiva implant or soft tissue interposition is also included. There is no guarantee on outcome. All conservative management options have risk of worsening pain, progressive irreversible deformity, and failing to provide substantial pain relief. All surgical management options have risk of infection, skin or bone healing issues, and/or worsening pain. Our promise is that we will not stop working with you until we maximize your return to function, gainful work, and minimize pain.

SHOWERING: You may shower with soap and water 1 week after surgery or once splint has been removed. Avoid lotions, creams, or antibiotic ointments on surgical site until directed by your orthopaedic surgeon. No baths or submerging operative site under water until incision has completely healed.

SKIN CARE: Steristrips are typically placed on your incision at your follow up appointment. Steristrips will typically fall off on their own. Remove steristrips in shower after 3 weeks if they remain on incision. Incisions may become sensitive. Some surgical incisions based on their location and patient factors are more likely to require postoperative scar desensitization with physical therapy. You may use Mederma or other skin protectant lotion once incisions have completely healed and approved by your orthopaedic surgeon. Do not place cortisone or other steroid on your incision unless directed by your orthopaedic surgeon. Incisions and surgical site scars are more prone to burn by ultraviolet radiation when out in the sun. Always apply sun screen onto the healed incision once fully healed.

STOOL SOFTENERS: While on narcotic pain medication (e.g. Norco/hydrocodone or Percocet/oxycodone) especially within first 72 hours of surgery, you should take stool softener (e.g. Miralax, docusate, senna). Discontinue if you develop loose stool or diarrhea.

Developed in conjunction with the physicians at South Bend Orthopaedics