

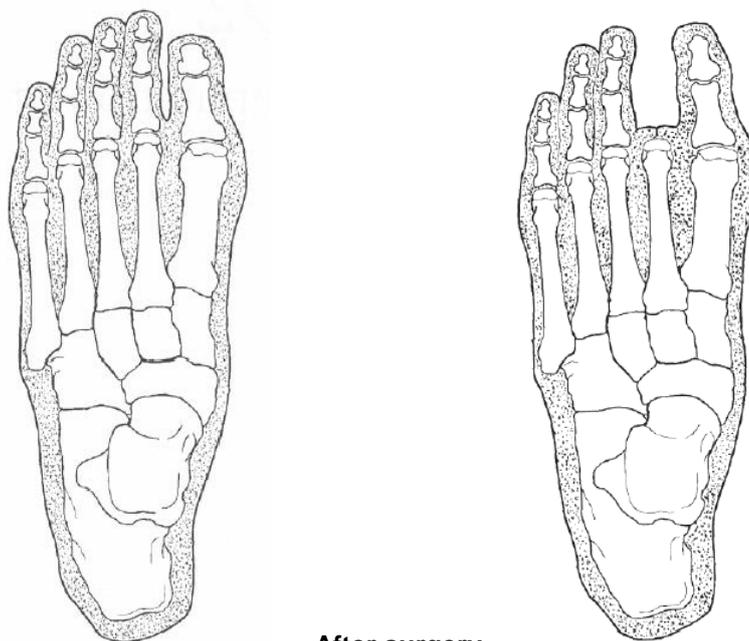
Toe Amputation

Partial or total amputation may be indicated where a deformed and painful toe is unsalvageable or where just correcting the position of the toe would be difficult and complicated surgery. This usually occurs when there is no room to straighten it e.g. with an associated bunion deformity of the big toe. Other causes could include infection, tumour and gangrene.

Toe amputations have in the past often been viewed as a procedure to be avoided at all costs and a sign of failure. This is not the case as in suitable patients recovery from amputation is extremely quick without significant functional problems afterwards. There are generally no problems with walking or running after such an operation. More complex reconstruction often takes many months to recover from and can have poorer outcomes or complications.

The severity of deformity and many general factors (e.g poor healing potential) are taken into account when choosing the amputation site. Factors such as pressure on the healing stump from adjoining toes, footwear and from the ground when walking, all have to be considered.

Removal of the toe will generally be at the metatarso-phalangeal joint. The skin incision is a tennis racket shape over the top of the joint. The joint capsule and the overlying skin are closed to cover the head of the metatarsal. The result is cosmetically very acceptable.



Before surgery

After surgery

Problems associated with Amputation Surgery

- Thickened scar and/or tender scar – generally reduce over 12 months. Your risk of this is 1 in 2
- Infection (sudden increase in pain and swelling at 2 – 3 days after surgery or sometimes at a later stage). Your risk if this is small (1 in 100)

- Phantom toe pain. This is very rare.
- Transfer of pain to another toe. This is rare.
- Deep Vein Thrombosis (DVT) - A blood clot in the calf or thigh in the muscles of the leg is possible with any surgery. Your risk is very low (less than 1 in 250)
- Complex Regional Pain Syndrome (CRPS) - Pain, which will not resolve. Occasionally the 'pain tap' is turned on with surgery and does not switch off again. Your risk is extremely small (less than 1 in 1000)
- Post-operative swelling – can occur for up to 12 months