

## **Lesser Metatarsal Osteotomy (Weils osteotomy)**

This is needed when the metatarsal head takes too much pressure and becomes painful or develops a corn.

The problem toe will be dealt with by removing a section of joint in order to shorten it. The toe will be repaired in a realigned position. A small screw will be needed to hold the bone in its new position. This is generally not removed.

The toe may not be completely straight but will be improved. The toe may remain slightly swollen for some months after the operation.

Picture?

### **Problems associated with Lesser Metatarsal Osteotomy 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 of this is small (1 in 100).
- Insufficient correction maintained and/or recurrence of deformity. Your risk of this is low (1 in 20)
- Elevation of associated toe. Your risk of this is low (1 in 20)
- Transfer of excess pressure onto adjacent toes. Your risk of this is low (1 in 10)
- Fixation screws may move and therefore may need removal after the bone has healed
- Movement of osteotomy especially if you fall or the foot is knocked in the post operative period
- Reduced range of motion and/or pain due to joint not tolerating correction. Your risk of this is 1 in 5. you will be taught exercises by the physiotherapist to minimise this
- Delayed or Non-union of osteotomy site
- 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 low (less than 1 in 1000)
- Post-operative swelling – can last for up to 12 months