

## Hammer toe correction

### Hammer toe correction

Hammer toes, claw toes and mallet toes all refer to deformities which may affect the lesser toes. These may be due to a variety of causes.

### Footwear

Narrow and tight shoes may cause crowding of the toes within the toe box. The great toe is usually pushed across towards the lesser toes, causing these to over-ride the great toe. The affected toes are then forced back down by the roof of the toe box, worsening the deformity.

### Trauma

The plantar plate is a thick and strong portion of the joint capsule which helps keep the joint in position. As a result of trauma, a tear may occur in the plantar plate of the metatarsophalangeal joint (the 'knuckle' joints of the foot). This may result in a hammer toe deformity.

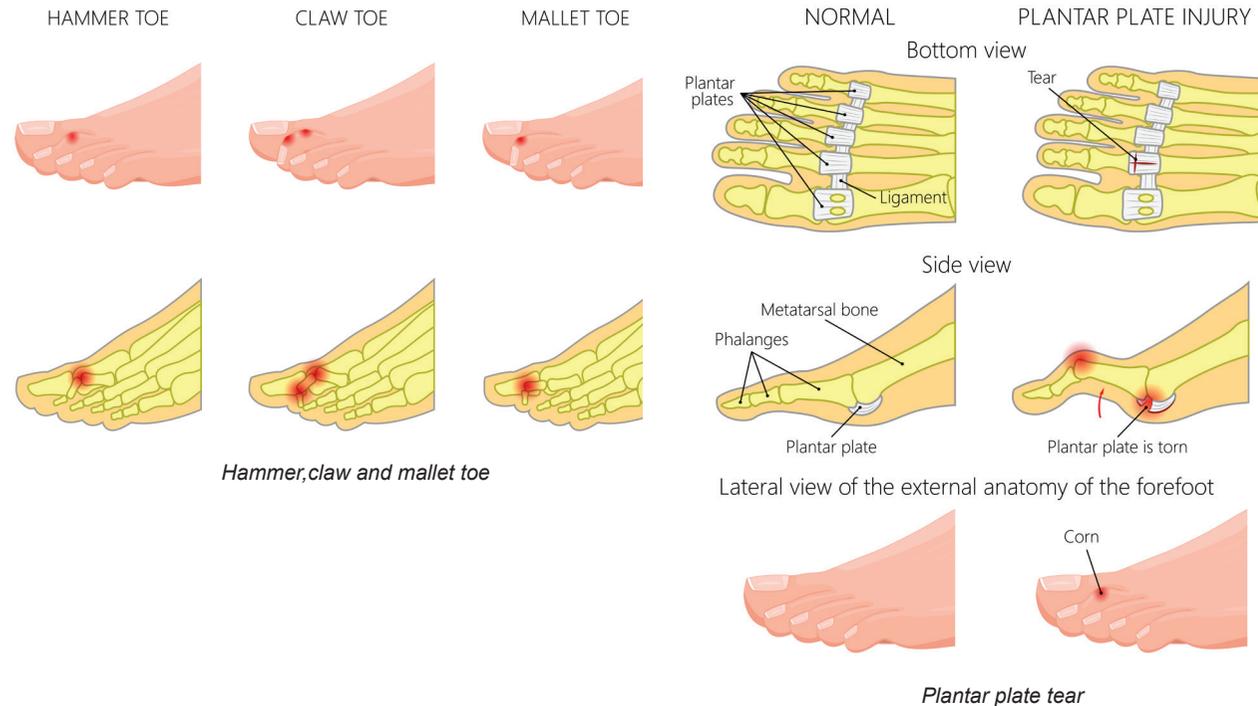
### Muscle weakness

Neurological disorders such as a stroke or Charcot-Marie-Tooth disease can result in weakness of the small muscles of the foot. These are then overpowered by the larger muscles and their respective tendons, resulting in deformity.

### Management

Non-operative management consists of modification to footwear. Narrow shoes are avoided and shoes with a wide and soft toe box are preferred. As the deformity progresses, callosities (areas of thickened skin – 'corns') may form over the joints. These may be painful.

Surgery can be considered for painful and progressive deformities.



### Surgery | Rehabilitation and recovery

Hammer toe correction surgery can often be performed as a day surgery procedure. It is done under a general anesthetic or a regional block with sedation. Depending on the number of toes being corrected and other procedures that may also need to be performed, such as the correction of a bunion, an overnight stay is sometimes required. One or two of the small joints (interphalangeal joints) of the affected toe is usually fused through an incision over the top of the joint. This involves removing the lining of the joint, positioning the joint in a more normal position and holding it in position using a pin, which is usually made of metal. Often, if the position of the toe is still not satisfactory, then tendons may need to be released and lengthened. This is done through a separate incision over the top of the foot. If a plantar plate tear needs to be repaired, this is usually done through an incision overlying the top of the affected metatarsophalangeal joint. The metatarsal is shortened using a saw and held in position using a small screw. The torn plantar plate is then repaired to the phalanx using strong sutures. A special sandal with a wide toe box

and a stiff sole is applied at the end of the procedure and this is worn for 6 weeks. Weight bearing commences immediately. Crutches may need to be used for balance for a couple of weeks. If metal pins are used to hold the toes in position, these are usually removed in the office at 6 weeks.

Although the operation is performed with utmost care, complications can occur. These include numbness, infection and recurrence. Dr Lau will monitor the foot closely for weeks after surgery to detect and treat any potential problems early.