

PRACTICAL INFORMATION

Hospitalization: 2 to 4 days

Post-operative shoewearing:

Type I Barouk heel support shoe 3 to 4 weeks
Then, Type II of Barouk shoe if oedema or tennis shoe if no oedema

Selfrehabilitation: at least 2 months

- mobilization of the toes with the index and active mobility in tailor position
- mobilization of the ankle,
- toes contact ground with naked feet from 1 month,
- no tiptoe before 3 months.
- in a kinesitherapist center after 1 or 2 months if necessary

Driving : at least 1 month

Stop of work: 1 month ½ in 2 months ½

Sport: 3 to 6 months

Visits :

10-15 days: bandage (entresol stage Sourd's building)

1 month: removing of the bandage and of the pins if you have some

x-ray inspection I bring cotton socks

meeting of kinesitherapy if necessary

2 months (possibly) before resumption of work

radiograph of control

regulation of orthopedic insoles if necessary

1 year: control result in particular gene by the material and improves if incomplete result.



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The hallux valgus is a deformation of the forefoot with a bump on the level of the big toe and later claws of the lesser toes which bring difficulties of being fitted and sometimes even pains naked feet.

Generally, the big toe turns giving a loss of the stability of the forefoot with a transfer of the support under the 2nd toe. This especially female deformation because of articular laxity especially after the menopause is also often family.

The medical treatment consists in putting broad shoes and orthopedic insoles if you have pains under the foot. To in no case, the spacers of the big toe rectify this one but can relieve a pain caused by the tension on an inflammatory skin.

Only the surgical treatment will correct the axis of the toe and especially muscles which stick to it. The goal of the surgery is to bring back the 1st métatarsien in its axis so that the great toe is banked up over. The cut of this bone can be made various manners (chevron in the minor forms, scarf = double chevron in the moderated forms, basal osteotomy in the severe forms). The percutaneous technique, currently sails very about it, is addressed only to the congruent hallux valgus where it is necessary to correct only the orientation of the head of the 1st métatarsien. It is important that the sesamoide bones which are normally under the 1st métatarsien are well centered because they correspond to the fasteners of the muscles of the big toe. If the surgeon reaxe the big toe by osseous cuts (or osteotomies), it is essential that you make a good rehabilitation thereafter because the muscles tend to take again their initial position if they are not sufficiently balanced.

The post-operative dressing and the specific shoes also make it possible to maintain the axis of the toe.

The stability of the cuts realized thanks to screws, fasten or a plate allows this early rehabilitation. But for that, two factors are essential: treatment of the **pain** and the **swelling** of the foot. During the hospitalization, we will endeavour to control these two objectives.

The goal of rehabilitation is to obtain a centered support of the big toe while insisting on work to the bottom of the toes.

As in any surgery, of the complications are possible and involve especially a prolongation of the care and stop of work..

Among, these complications (nonexhaustive list), one can note:

- the problems of cicatrization, infections especially if you are diabetic, smoker or arteritic,
- the fractures, the migrations of material in the event of shock of your foot or if the bone is demineralized,
- the Sudeck syndrom (purplished, painful and inflated foot) especially if you are stressed,
- a phlebitis especially if you have antecedents, a persistent oedema,
- a secondary desaxation or an articular stiffness which justify early rehabilitation and sometimes a night splint,
- secondary osteoarthritis is exceptional,
- the névrome of Morton and the ingrown toenail related to the repositioning of the toe,
- the shortening of the foot sometimes necessary in the complex deformations,
- a secondary deformation of the 5th toe,
- complications related to the anaesthesia (a layer will be given to you by the anaesthetist).

These complications can sometimes be avoided: for that it should well be announced if you have factors of risk: diabetes, vascular problem, infectious antecedents, problem of skin, allergies,...

These complications have specific treatments that we will prescribe you if necessary and especially are patient because the result is generally good despite everything.

Do not hesitate to contact us or your practitioner attending with the least problem.