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FAQ Hallux Rigidus

What is a hallux rigidus?

Hallux rigidus is arthritis of the great toe, specifically the 1st metatarsal-phalangeal joint (MTP joint). This can cause pain and stiffness of the great toe, which greatly affects your level of activity, including walking. No one knows exactly why this happens, but it can be due to overuse or you may have a genetic pre-disposition of getting hallux rigidus.

How is hallux rigidus treated without surgery?

Shoe modification - Stiff sole shoes/Rocker bottom shoe/wide toed shoes
Orthotics
Anti-inflammatories
Cortisone injections
Physical therapy

How is hallux rigidus corrected surgically?

There are a number of ways to treat hallux rigidus, depending on physical exam, imaging, symptoms, severity, and the patient as a whole. There are three main ways that Dr Johnson will surgically correct hallux rigidus.

- 1.) **Cheilectomy:** removal of the bone spur on the dorsal aspect of the 1st MTP joint. This can be done minimally invasive, with a very small incision.
- 2.) **Cartiva:** a small prosthesis is placed into the 1st MTP joint, which acts as a buffer to the arthritic joint. Range of motion is maintained through the prosthesis as opposed to the arthritic joint. This is done through a small incision on the top of the toe.
- 3.) **1st MTP joint fusion:** the 1st metatarsophalangeal (MTP) joint is fused, reducing all range of motion through the arthritic joint. We may recommend this procedure if you already have very limited motion of the joint or your arthritis is too severe to be considered for the previously mentioned procedures. The cartilage in the joint is removed through an incision on the top of your foot, and the proximal phalanx and metatarsal are held together by a plate and screws, or simply just screws. Often times bone graft will be used to assist the two bones in fusing together.

What is the recovery time for hallux rigidus correction?

Cheilectomy: You may walk on the foot immediately after surgery, in the post-op shoe provided for you. You may remove your dressings 3 days after surgery and place a bandaid over the incision. You must keep the incision dry until your sutures are removed in the office, at your first post-op appointment. You can increase your activity as tolerated and transition to a normal sneaker when you are able to.

Cartiva: You may walk on the foot immediately after surgery, in the post-op boot provided for you. You must leave the dressings on for 2-3 weeks, but are encouraged to move the great toe after the surgery. You are seen



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at 2-3 weeks for dressing and suture removal. Depending on the patient, we will put you back in the same post-op shoe, or transition you into a short CAM boot. You may transition into a normal sneaker as tolerated, based on pain and swelling, typically around 6 weeks post op

Joint Fusion: Depending on the patient, you will either be in a splint x 2-3 weeks, or you will leave the hospital in a boot. If you are in the splint, you will be non-weight bearing. If you are in the boot, we will let you put weight through your foot, but mostly heel weight bearing. You will be seen at 2-3 weeks for dressing/splint and suture removal and will need to keep your dressings clean and dry leading up to this appointment. Most patient are not back in sneakers until 8-10 weeks post op. DO NOT walk barefoot at ANY time, even at home, until you are cleared to do so.

*If you have a severe case of arthritis, we may not let you put weight on your foot for a total of 4 weeks. In this case you may be put in a splint after surgery for 2-3 weeks, and then transitioned into a short CAM boot. You can start walking in the boot at the 4-week mark after surgery.

Is physical therapy necessary after surgery?

If you have a cheilectomy performed, you may not need physical therapy and can do the exercises on your own.

If you have a Cartiva or joint fusion performed, you will need physical therapy. With the Cartiva surgery, physical therapy is necessary after surgery to regain motion of the toe, break up scar tissue, and to decrease swelling. You may find that you have some muscle weakness after surgery, so regaining your strength is also important. A physical therapist will also help you with your gait and balance. This is typically started 2 weeks after the procedure and is continued until your goals are met.

If you have the joint fusion procedure, physical therapy will help with breaking up scar tissue, decrease swelling, strengthen your muscles, and to work on your gait and balance. This will typically start four to six weeks after surgery and is continued until your goals are met.

What are the risks of surgery?

Cheilectomy: The biggest risk of this surgery is that it does not relieve all of your pain, and you may need a larger procedure to address your arthritis in the future. You may also have some numbness after the procedure that is usually transient. However, it is possible to be permanent, but will not affect your overall function. The risk of anesthesia, blood clots, infection, and blood loss are minimal for this type of procedure.

Cartiva: The biggest risk of this surgery is that it does not relieve all of your pain, and you may need a larger procedure to address your arthritis in the future. The next step after Cartiva, if it fails to relieve your pain or begins to loosen over time, is a fusion. Too much of the joint needs to be removed during the Cartiva procedure, so the only salvage procedure after such is a fusion. You may also have some numbness after the procedure that is usually transient. However, it is possible to be permanent, but will not affect your overall function. The risk of anesthesia, blood clots, infection, and blood loss are minimal for this type of procedure.

Joint Fusion: The biggest risk of this procedure is if the bone does not heal. This is called a non-union and the risk of occurrence is about 2-5%. If this happens, we may have to do the procedure again. You may also have some numbness after the procedure that is usually transient, but you can have some permanent numbness.



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The risk of anesthesia, blood clots, infection, and blood loss are minimal for this type of procedure. If the hardware bothers you, we can take it out once the bones are fully healed.

All surgery has some inherent risks. While relatively rare in foot/ankle surgery, we feel it is important to inform our patients of possible complications. Further potential complications are as follows:

Infection: While very rare (<1%), if this occurs you would need antibiotics and perhaps further surgery.

Blood clots: Also, very rare (1%). Please inform us if you have a personal or family history of blood clots, as this can increase your risk.

Numbness: Patients should expect some mild numbness around their incisions that typically goes away after a few weeks. Occasionally some numbness may persist. This should not affect your activity, cause any discomfort, or cause shoe wear issues.

Hypertrophic bone: Sometimes your bone is making such an effort to heal the surgery, that your body over produces bone. This may require another surgery to shave down the excess bone to make shoe wear more comfortable

Continued Pain: Surgery is not 100% guarantee. You may continue to have pain, or develop new pain after surgery. We will continue to evaluate and monitor you throughout the post op recovery. At some point, we may consider removing the hardware (as described in the next section), to alleviate the pain. If this does not help, we will look into it further to see if you require more PT, additional therapy (shockwave therapy, injections), or an additional surgery. It is important to remember that forefoot surgery is not exact, as each foot is slightly different. Our goal, as is yours, is to get you back to all of your preoperative activity, pain-free.

Does the metal hardware come out eventually?

The metal can remain in your foot forever without causing any harm. We only take the hardware out if it bothers you or there is a strong personal preference. Hardware removal requires a minor procedure in the operating room once the bone is fully healed, typically 6-12 months after the original procedure. We end up taking out the hardware about 5-10% of the time.

What type of anesthesia is used?

Most of our procedures are done with a nerve block (regional anesthesia) while you are in a twilight sleep. First, the anesthesiologist will sedate you with Propofol. Then, they will perform the popliteal fossa block in the operating room once you are asleep. It will numb your leg from the knee down. This is typically a long-acting block that may last 24-48 hours. On rare instances this can last as long as 3 days. This is done for pain control and comfort during and after the procedure.

You will meet with your anesthesiologist the day of surgery to discuss what type of anesthesia will be performed in more detail., including the risk of anesthesia.

Do I have to stay overnight?



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No. Most of our surgeries are ambulatory. You typically come in 2 hours before your procedure and stay about 1-2 hours after the procedure. Please leave the whole day open.

What medications are prescribed after the procedure?

Pain: Ibuprofen (600mg every 6 hours) and Tylenol (650mg every 6 hours), strictly for 3 days to reduce the need for opioid medication. You will have a prescription for 5-15 tablets of 5mg oxycodone, depending on the procedure. Refills are not given. Our goal is reducing your need for opioid medication. Most patients do not require opioids past post-op day 3. Taking opioids for 4 days or more increases your risk of addiction.

Anti-nausea medication: Zofran 4mg to be taken as needed every 8 hours.

Constipation: Colace 100mg 3x/day, as needed, for constipation after anesthesia and with opioid use. In some cases, we add Senna to be taken twice daily, only as needed.

Bone health: Calcium citrate and Vitamin D3 should be taken daily for 3 months after surgery. If the pharmacy cannot provide you with this prescription, you may purchase it over the counter. Please take 1,000-1,200mg Calcium daily and 1,000-1,200 IUD Vitamin D3 daily.

Blood clot prevention: Aspirin 325mg daily for 2-6 weeks after surgery. If you have a history of blood clots in your family or you are at high risk for blood clots, we may give you a different medication.

Your medications will be sent to your pharmacy after the procedure. If you wish to have your medications prescribed before the surgery, you will need to contact the physician assistant at least one week prior and provide reasoning for receiving your medications early. This is important, as you will be prescribed opioid medications, which are a controlled substance.

What can I use to make my life easier after surgery and can I buy it ahead of time?

Recovering after surgery is hard. There are multiple things we can recommend to help make it slightly better:

Knee Scooter: If Dr. Johnson chooses the formal bunion correction for you, you will not be able to weight onto your foot for 6-8 weeks. Having a scooter will make this much easier. If you would like to rent one you can go to www.kneewalkercentral.com or call 855-973-3978. Alternatively, you can buy one online on websites such as Amazon.

I-walk: A small population do well with something called an I-walk. This looks like a pirate's peg leg and straps to your lower leg. You put your weight through your knee. This allows you to more easily do things like stairs and have your hands free.

"Even Up": If you are given a boot or a heel wedge shoe, you may feel uneven on the opposite leg. You can purchase an Even Up online to use on the opposite foot over the shoe. This is especially helpful to prevent hip or knee pain due to being unbalanced.

Shower bag/cast bag: For any procedure you will need to keep your foot dry for 2 weeks after the procedure. You can do this by putting a cover over your dressing. You may purchase this at any pharmacy or online.

Shower Chair: If you do not have a bench in your shower/bath, you may purchase or rent a shower chair so you can sit as you bathe.



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Wedge Pillow: Assists in elevation, can be purchased on Amazon

Walker/crutches: This is usually provided for by the physical therapist after your procedure in the recovery room.

Will someone call me after my procedure?

Yes. You will get a call from the hospital the day after surgery and from either Dr Johnson or Rebecca, the physician assistant (PA). If the hospital gives you instructions that do not align with what Dr Johnson or Rebecca discuss with you, please use our instruction instead. The hospital will be giving you general guidelines, but we are more specific to you as a patient and to your surgery.

How do I safely dispose of my medication after surgery if I have some left?

It is important that left over pain medication is removed from the home and safely discarded. Most pharmacies, hospitals, and police stations participate in the “take back program” that for safe drug disposal. If you would like to find a disposal location close to you, please visit:

<https://www.deadiversion.usdoj.gov/pubdispsearch>

Alternatively, if you have a couple of pills left, you may separate them out of the bottle and mix them in cat litter or coffee grounds. Do not flush the medication because they get in the water supply. Please also do not throw them out in the bottle as people may go through your garbage.

Should I ice after surgery?

Yes. You will not feel the ice through the dressing or the splint, so in the initial post op period, try icing behind your ankle or your knee. When you return for your first post-op appointment, we will remove the dressing for you and you will be able to ice. Please remember the 20min on and 20min off rule for icing.

Can I adjust my dressing/splint?

No. Please keep your dressing/splint on and do not adjust. Keep it clean and do not allow it to get wet. Be careful to make sure the shower bag fits appropriately to decrease the risk of damaging your dressing.

If you are concerned the splint may be too tight or causing pain, please call to let us know.

If the dressing looks like it is loosening, this is a strong sign that you are too active and you need to slow down! If it comes off, you **MUST** come in for a dressing change.

How much do I need to elevate?

Elevation in the first two weeks is extremely important. Reducing swelling helps in pain control and making sure your incisions heal. We recommend elevating 80% of the time during the first week and 50% of the time the second week. Placing your leg on 2-3 pillows should be sufficient, but the higher the better.



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What is considered “normal” after the procedure?

Swelling, pain, and bruising are all normal after surgery. You may notice swelling and bruising travel into the toes, even on toes we did not operate on. This swelling will go up and down depending on how much you elevate. You may have good days and bad days. Try to limit your activity. The bruising may also change location or color. This is normal. A small amount of drainage is also normal after surgery. If your dressings have soaked through or do not stop draining, please call the office.

I put weight onto my foot by accident. Did I hurt the surgery?

Accidents happen. If you are told to not put weight onto your foot, please refrain from doing so. If you by accidently fall off your scooter or there is some situation where you by accidently put weight onto your foot, you may have increased pain and swelling. If this does not go away after a day or two, please call the office. The likelihood that one event has hurt your surgery is unlikely.

My foot is red or purple when I keep it down, but then goes away when I elevate it. Do I have an infection?

Most likely no. Due to increased swelling your foot may become a different color, usually purple or red, when you put your foot down up to 6-8 weeks after surgery. This is usually accompanied with increase pain and the feeling of blood rushing to your foot. Because you are not moving your foot normally, the veins are not allowing proper return of the blood up the leg. The discoloration should go away once you elevate your foot. If this does not resolve when you elevate your foot, or you have associated fever, chills, warmth of the foot, or drainage of incision sites, please call the office.

I already have crutches/walker at home. Should I bring this with me to surgery? What about a scooter?

Yes, you may bring these with you to surgery. Either way, a physical therapist from the hospital will evaluate you the day of surgery to ensure that you have the correct assistive devices.

If you have a scooter, we do not recommend bringing this with you to surgery as you may be too unsteady immediately after the procedure to use it safely. Please leave the scooter at home. You may use the scooter as soon as you feel comfortable and steady after the procedure.

I think I will need help after surgery. Who do I contact to make sure I get what I need at home?

If you live at home alone or feel you may need extra assistance after surgery, we are here to help! We will help you contact an HSS social workers/case manager before surgery to help make sure you have the care you need after surgery. Please ask the office how to arrange this.

Is it possible to see a physical therapist before surgery so that they can teach me how to be non-weight bearing and how to go up/down stairs?



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Yes, if it would make you feel more comfortable post op. This can be done close to your home or we have a walk-in clinic on the 2nd floor of the main hospital. You will need a prescription to do so.

How do I know what time is my surgery and where to go?

Someone from the main hospital will call you the day before surgery with all of this information, usually between 2pm-7pm. They will tell you where to go, what time to be there, what to bring/what not to bring, and what time you will have to stop eating/drinking.

We operate at both the main hospital and the ambulatory center. Please refer to the addresses below.

Please wear comfy sweat pants to surgery as it will be easier to place over your dressing.

I have a problem after surgery, who do I call?

Please call the office at 212-203-0740 if there is a problem. If it is after hours, this will be directed to the Emergency Line and will be fielded to Dr. Johnson, the physician assistant, or a foot and ankle Fellow.

IMPORTANT NUMBERS:

Dr. Johnson Main Office: 212-203-0740, Option 3
My HSS Portal Help Desk: 844-269-4509

IMPORTANT ADDRESSES:

Dr. Johnson's office: 420 E 72nd Street, 1B, New York, NY 10021
Main Hospital (Hospital for Special Surgery): 535 E 70th street, NY, NY, 10021
East Side ASC, Ambulatory Surgical Center: 1233 2nd Ave, second floor, NY, NY, 10065
West Side ASC, Ambulatory Surgical Center: 610 West 58th street, second floor, NY, NY 10019

Summary:

- Pre access surgical team will reach out about scheduling your pre surgical testing
- COVID **PCR** swab is required for ALL surgical patients, to be done within 5 days before surgery
- hospital will call you the day before your surgery for the exact time and location
- you must be accompanied by someone you know to leave the hospital after surgery
- post op meds will be prescribed the day of surgery, immediately after the procedure
- elevation/rest 50-80% of the time in the first 2-3 weeks post op
- the first post op visit is with the PA, dressing and stitches will be removed and you will likely get an X-ray
- the 2nd post op is with Dr Johnson, about 6-7 weeks after surgery
- the first two post ops will be automatically scheduled by the office automatically, please call the office if you need to change the date/time
- PT prescription will be given at first post op appointment, along with further instructions for recovery
- please keep this packet as it is your best guide to post op recovery

Patient Attestation of Understanding:



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I, _____, reviewed the pre-operative **Hallux Rigidus / Cheilectomy** packet with Rebecca Paugh, PA-C prior to surgery. I was given the opportunity to ask questions and all my questions were answered. I understand the post-op protocol and the importance of patient compliance for my recovery. I understand that there is an inherent risk to surgery, these risks were discussed with me in detail. I know how to reach out to the office if I have further questions or concerns

Signature: _____