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FAQ Hammer toes

What is a hammer toe?

A hammer toe is a deformity in the toe that occurs over time and can result from many different factors such as tight shoes, muscle imbalances, or secondary to a bunion. At first, a hammer toe can be flexible, however if left untreated long enough they can become rigid and harder to correct.

How are hammer toes treated without surgery?

Shoe modification – wide toed shoes, soft shoes
Padding around toe
Taping techniques/Budin splint

How are hammer toes treated surgically?

Treatment of hammer toes depend if the toe is flexible or rigid.

A *flexible* hammer toe means that the toe can be manipulated back in the correct position. If this is the case, it can be fixed by minimally invasive techniques- including release of soft tissues at the toe joint to help bring the toe down in position, lengthening the tendons, and cutting the bones in the toe to realign it.

A *rigid* hammer toe requires a more formal hammer toe correction. This usually entails cutting the knuckle of the toe and pinning the toe straight with a k-wire. This fuses the toe in position. The pin will remain in the toe for 4-6 weeks and is pulled out in the office. If the hammertoe is dislocated, we may need to make another cut in a different bone called the metatarsal. This is so that we have enough room to bring the toe into the correct position.

More specifically, these are the various techniques used when fixing both flexible and rigid hammertoes. Often times, more than one technique is utilized to properly realign the toe and maintain the neutral alignment, as described above:

Metatarsophalangeal release

This means that we release some of the soft tissues around the base of the toe. This helps the toe move down in position.

Phalanx osteotomy

This means we cut the bone in the toe itself and realign it to make it straight.

Metatarsal shortening osteotomy

This technique is utilized when the toe becomes dislocated, or out of position in the joint. When this happens we have to cut the long bone in the foot called the metatarsal to shorten it so we have enough room to bring the toe back into position. When we do this, we sometimes put a screw in the foot to hold this position.

Tenotomy

A hammer toe can also be caused by a mis-matched strength in the flexor and extensor tendons of the toe. In this technique, the overpowering tendon is cut and lengthened to even the distribution of power.

Proximal interphalangeal joint resection

This is the last resort in fixing a hammer toe but is often necessary when the hammer toe is rigid in position. We cut out one joint in the toe to make it straight, and then put a pin in the toe aimed to fuse the toe into position its new, straight



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position. A small ball is placed on the end of the toe to keep the pin protected. This is a very effective way to correct a hammer toe, however by fusing the toe we make the toe stiff at one of the joints. The pin remains in the toe for 4-6 weeks. We then remove the pin in the office once the toe is fully healed.

What is the recovery time for hammer toe surgery?

Note: The recovery for hammer toe surgeries depend on each visit and may vary.

At the end of the surgery, the foot and toes will be wrapped in a special dressing to keep the toes in a stable position. You will be able to put weight on the foot following surgery in a post op shoe unless stated otherwise. You will follow up at two weeks for repeat evaluation. You may be rewrapped in a special dressing after the visit or the toe may be secured in another way such as a taping technique or toe splint. This usually lasts for six to eight weeks after surgery. You can fit in a robust or athletic sneaker around six weeks post-op.

If the toe was rigid and the toe was fixed with a pin, you will still be wrapped in a special dressing after surgery to keep the toes in a stable position and you will be able to put weight onto the foot in a post op shoe unless otherwise stated. You may notice a small ball on the top of the affected toes which keeps the pin protected. You will be seen at two weeks to remove the dressings and to examine the toe. The pin is pulled 4-6 weeks after surgery in the office. You may need to continue to tape or splint the toe in place for a couple weeks after this, we will show you how to do so in the office. You can usually switch to a sneaker around six weeks after surgery, but only after the pins are pulled.

Is physical therapy necessary after surgery?

Physical therapy may be necessary to help keep the toe in position. Physical therapy can also aid in helping with scar tissue, swelling, strengthening, and gait and balance training.

What are the risks of surgery?

The biggest risk of surgery is that the hammer toe reoccurs. The second toe has the highest rate of reoccurrence. Additionally, another risk is if the bone is cut, the bone may not heal- known as a non-union. There is also a risk of numbness in the toe, but it is more than likely transient. In the small chance it is permanent, it will not affect your overall functions. If a pin is placed in the toe, this may loosen before six weeks and need to be removed to decrease the risk of infection. If your toe was dislocated before surgery, there is a small risk that the toe loses its blood supply, due to the movement of the soft tissues. Before you leave to operating room, we ensure that there is good blood supply to the area, so this risk is quite low. Blood loss, infection, blood clots, and risk of anesthesia are minimal for this procedure.

The pin in my toe has loosened or fallen out, what do I do?

If the pin has loosened, do not try and pull the pin out of the toe. If it is stable enough sometimes we are able to wrap it so that it stays in position. If it is completely loose we may have to pull the pin earlier than six weeks to decrease the risk of infection to the toe. This is done in the office. If the pin has fallen out completely then we will have to try to immobilize the toe so that it heals in the right position.

If you notice something wrong with the pin, please call the office immediately.



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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.

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. The anesthesiologist 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.

We may also do an epidural, or "spinal," in addition to the medication behind the knee. This will numb you from the waist down during the procedure and wears off in the recovery room.

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

Do I have to stay overnight?

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 to reduce 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 1-3 months after surgery.

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:



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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 either 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.

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 the physician assistant (PA). If the hospital gives you instructions that do not align with what Dr Johnson or her PA 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. Icing after surgery is important. Initially, you may not be able to ice through the dressing, as it will be rather thick. You can try icing behind your knee to get some cooling effect down to your foot/ankle. 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?

No. Please keep your dressing 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.



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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 typically 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.

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.



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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/downstairs?

Yes. This is incredibly important if you have never been non-weight bearing before or have a lot of stairs. This will be discussed with you prior to surgery and one-time prescription will be given. This can be done close to your home or we have a walk-in clinic on the 2nd floor of the main hospital.

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 sweatpants 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 212-606-1204 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: 212-606-1204
My HSS Portal Help Desk: 844-269-4509

IMPORTANT ADDRESSES:

Dr. Johnson's office: 523 E 72nd street, 6th floor, NY, NY, 10021
Main Hospital (Hospital for Special Surgery): 535 E 70th street, NY, NY, 10021
Ambulatory Center: 1233 2nd Ave, NY, NY, 10065