

## CHEILECTOMY AND PHALANX OSTEOTOMY POST-OPERATIVE GUIDELINES

### INITIAL SURGICAL DRESSING

The initial surgical dressing consists of a non-adherent gauze on the wound, squares of white gauze held in place with a roll of gauze, a beige-colored wrap, and on the surface, an Ace bandage (see instructions on management of the postoperative dressing).

### BED REST, ELEVATION, AND WEIGHTBEARING

Bed rest is prescribed for at least two days after operation if one foot is operated upon and three days after operation if both feet are operated upon. During the period of bed rest, the feet are elevated above the level of the heart. After the period of bed rest, progress with sitting with the feet elevated at chair level. Progressing with ambulation around the house is encouraged. Confinement to the house for the first week is recommended.

Weightbearing is allowed after the first 24 hours when getting up to go to the bathroom. During the first 24 hours, effort is made to avoid weightbearing on the ball of the foot. With the crutches, place weight as lightly as possible on the heel. Approximately 50% of one's weight is placed on the foot after the first 24 hours. Weight can be placed on the ball of the foot without damage. After the first dressing change, one week after operation, full weightbearing is encouraged.

### CRUTCHES/WALKER/CANE

Crutches are used for approximately a week and a half when one foot is operated upon and approximately two weeks when both feet are operated upon. A walker is recommended if one is not feeling secure with the crutches. After using the crutches, a period of using a cane may be useful while transitioning to full weightbearing. Initially, the cane is used on the side of the operated foot if one foot is operated upon. As comfort improves, walking is done more smoothly with a cane when the cane is in the opposite hand.

## BANDAGES AND CASTS

### *Bandage Management:*

On the day of surgery: Please follow the bandage instructions given to you in the postoperative orders about managing the Ace elastic bandage. Failure to do so can cause a pressure sore on the instep.

*If pain is intolerable during the first 24 to 48 hours:* Phone the surgeon on call. If decompressing the dressing is recommended, follow these instructions: Remove the Ace bandage and roll it up for reapplication. Remove the beige lightweight Stockinette and roll it up for reapplication. Use a clean pair of scissors (soap and water) and cut the circular white gauze from the top of the tip of the big toe, and cut toward the ankle, releasing all the circular bandage through the instep. Do not remove any of the white gauze. Re-wrap the bias-cut Stockinette as it had been applied with the original dressing. Reapply the Ace bandage as it was applied in the original dressing.

First week (Days 1-6): Leave the initial surgical dressing intact, unless otherwise instructed.

Second week: After the dressing change in the office, begin applying a big toe wrap as shown in the Hallux Wrap instructions. For the first week, place a square gauze over the incision to monitor the occasional drainage. Change the Ace wrap at least twice a day to maintain gentle tension on the big toe and compression on the incision.

## FOOTWEAR, ELASTIC STOCKINGS, AND BRACES

During the first six weeks, a “postoperative shoe” is worn for all walking. The postoperative shoe has a hard sole and is large enough to accommodate the dressing or Ace bandage. It has Velcro straps. It is not necessary to wear the postoperative shoe at night.

Six weeks after operation, discontinue the use of the Ace bandage. Begin using a shoe that is roomy at the toes.

## SHOWERING, SUTURES, AND DRIVING

Showering requires protection to keep the dressing dry for the first ten days. This usually requires a double plastic bag (one often leaks), sealed with a tight rubber band at the top. After ten days, the surgery area can get wet in the shower unless there is drainage. Wait until three weeks after operation before soaking in the bathtub or a hot tub.

Sutures are removed three weeks after operation.

Driving is usually feasible using the postoperative shoe approximately two weeks after operation. Driving is delayed longer if it does not feel safe.

## FOOT REHABILITATIVE EXERCISES

First week: No exercises (days 0 – 6).

Second week: Massage. Use both hands to grasp the big toe, the joint of the big toe, and the bone in the midfoot (metatarsal) that connects to the big toe. Apply progressively greater pressure with the hands. A set of massage is 5 twenty-second (hand applications). Do 4 or 5 sets per day in the initial two weeks of massage, then reduce the massage sets as motion exercises become emphasized.

Third week: Begin motion exercises, bending the toe. Stabilize the metatarsal with the thumb and bend the big toe with both upward and downward maneuvers. The upward motion is emphasized most. The motion is focused on the joint at the base of the big toe, not in the middle of the big toe. Apply progressively greater force during a 20 second stretch. A “set” of stretches is 5. Do 4 or 5 sets per day in the initial two weeks of stretching. Formal physical therapy exercises start around the beginning of the fourth week and these exercises will be demonstrated.

Formal physical therapy exercises start around the beginning of the 4<sup>th</sup> week.

## SKIN CARE

Beginning about two weeks (14<sup>th</sup> day) after surgery, soften the skin with Vaseline, vitamin E ointment or a thick hand lotion like Curel. When using Vaseline, cover the whole foot with a light amount of Vaseline and wipe away any excess. Do 2 or 3 times a day.