

Hammer/Claw Toes (Lesser Toe Deformities)

Lesser toe deformities can cause problems in a variety of ways. 'Hammer' toes or 'claw' toes are the most common toe deformities that require surgical treatment. They can cause problems relating to the prominent knuckle joint on the toe sticking up and rubbing on shoe-wear. This can result in corn formation and ulcers. The deformity of the toe may cause pain itself from inflammation in the main joint (MTP joint) at the base of the toe or damage and stretching of the ligament under the toe and ball of the foot. Sometimes the toe deformity causes extra pressure and pain to occur under the 'ball' of the foot with a feeling of pain or even a sensation of walking on a 'pebble'.

Causes of lesser toe deformities

The cause of these problems can be multifactorial:

- Genetic factors
- Tight shoe-wear
- Presence of a 'bunion'
- Neurological causes
- Rheumatoid or other types of arthritis
- The particular anatomy of your foot (e.g. long second toe)
- Overuse and ligament damage

Non-Operative Management

Non-surgical treatments should always be considered first before any surgery. These include:

- Appropriate footwear with a 'roomy' toebox on your shoe (wide and deep).
- Orthotics / insoles - may be an option for pain under the 'ball' of your foot.
- Taping or strapping of your toe for early hammer toes or ligament damage.
- Silicone sleeves or soft padding over the toe available from chemists or podiatrist/ orthotist.

If these measures fail or are unsatisfactory, surgery can be performed to straighten the toe.

Operative Management

Surgery can involve a number of small procedures on the toe depending on the degree of deformity and the exact problem.

Usually, the bent knuckle in the middle of the toe (the PIP joint) will need to be straightened +/-fused. If the joint is very stiff and/or arthritic, it is usually recommended to perform a fusion procedure. This involves removing any remaining cartilage and holding the bones in a fused position with a screw, that remains inside the bone. It is rare to have to remove this in the future. With recent advances in minimally invasive surgery, it is now possible to perform this technique using a series of small incisions around the toe. This results in less post-operative pain and swelling. In select cases, where the joint is either badly damaged and/or the overlying skin is unhealthy/infected, a safer option may be to remove the joint along with a section of skin from the top of the toe. This will be discussed with you if this is appropriate for your situation.

Other adjustments such as lengthening tight tendons or shortening the metatarsal head (knuckle bone at bottom of toe joint), may also be required. This is now commonly performed through small minimally

invasive incisions. Burrs are used to cut the bones and then allow them to settle in a new and improved position. This will improve the pain felt under the 'ball' of your foot.

Post-operative Recovery

Surgery is performed as a day-case procedure unless combined with bunion or other surgery which may require an overnight stay. Early weight bearing is allowed in a post-op sandal. Elevation for at least the first 5-7 days is important. Reasonable recovery occurs by 4-6 weeks once the bones are healing. The toe can remain swollen for up to three months but will recover. In some situations, where the metatarsal bones have also been divided, swelling can persist for up to six months.

Risks & Complication

No surgery is completely risk free. The risks and complications will be assessed and discussed with you. There is always a small risk of infection, blood clots, nerve injury and anaesthetic problems and measures are taken to reduce these. Some stiffness of the toe is common as the toe cannot be made perfect again once the previous damage has already occurred. The toe however should be straighter and more comfortable.

Recovery Times

Hospital stay	Usually same day discharge
Rest & elevation	5-7 days
Post-op sandal (weight bear as tolerated)	6 weeks

Time off work	
Seated	2-3 weeks
Standing	6 weeks
Heavy physical work	12 weeks

This brochure is a brief overview of the surgical management of lesser toe deformities and not designed to be all-inclusive. If you have any further questions, please do not hesitate to contact your surgeon.

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