

Spurs/Cheilectomy

Image courtesy of Wright Medical



What it is

The first joint of the big toe is called the metatarsophalangeal joint (1st MTP joint) which bends with every step. The ends of the bone are covered with smooth cartilage. When the cartilage thins down, often from “wear and tear” or trauma, the ends of the bone can rub together. A bone spur (osteophyte) will develop and is a symptom of arthritis. It is not uncommon to mistake the bone spur as a bunion; however a bunion is associated with malalignment of your 1st toe, while a bone spur is not.

The cause of arthritis of the 1st MTP joint is often unknown. It may be associated with minor or major trauma, there may be a family history. But in most scenarios it gradually evolves over years for no apparent reason.

Why it's a problem

Two reasons: pain and loss of motion. The spur prevents the big toe from bending upwards as you walk, causing pain or a locking sensation. The lack of upward motion in the big toe is very common and prevents you from wearing shoes with a heel comfortably. If you are wondering if the bump on your big toe is a bunion or an osteophyte caused by arthritis, simply try to bend your toe upward and downward. If the motion is restricted with pain as you bring the toe upward and/or downward, then it is more likely to be arthritis than a bunion. Though commonly seen at the MTP joint, spurs can occur in other areas of the foot including the ankle, causing pain.

Surgical treatment

Outpatient or hospital stay:	Almost always outpatient (home same day)
Type of anaesthesia:	May be regional or general, or a combination
Length of surgery:	1-2 hours
Recovery time:	8-10 weeks for normal walking, up to 3 months for vigorous activity

With an incision made along the top or the side of the joint, the spur is removed through a procedure called a cheilectomy. This allows increased motion through the big toe (1st MTP joint), decreases the irritation of wearing shoes due to the prominence of the spur, and eliminates some early arthritis on the upper surface of the joint.

If the arthritis is severe then your surgeon may talk to you about a fusion of the 1st MTP joint, which involves gluing the big toe joint together so it cannot move. The fusion is very good at resolving your pain. Many people worry that the stiffness caused by a fusion will alter their gait (normal walking) and prevent them from doing activities that they enjoy. This is not true. Studies have demonstrated that with a stiff and painless 1st toe, you are able to return to most activities including running, and your gait is not negatively affected.



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Spurs/Cheilectomy

Recovery

Following surgery:

- You will have a bandage or dressing to protect the incision for about one week.
- You will be instructed on caring for your dressings, and if and how much weight you can bear on the foot.
- You may wear a special post-operative shoe or removeable cast to protect your bones while they heal, and you may need crutches for support during the first two weeks.
- Keep your dressings dry (place a plastic bag on your foot when showering).
- Watch for complications. Alert your surgeon or visit an emergency room if you experience bleeding that won't stop, pain that does not subside with prescribed medication, swelling that worsens (or dressings that become too tight – remove them, but visit an emergency room immediately following) after the second day, drainage from the wound, and/or have a fever higher than 38°C or 101°F.

The stitches are generally removed in 10 to 14 days at a post-operative appointment determined with your surgeon. It will take about 8 weeks before the bones and soft tissues are well healed. If your big toe is fused, it will take at least 8 to 10 weeks for the fusion to heal, and 3 months to get back to vigorous activities.



For more information: The Canadian Orthopaedic Foundation provides a free booklet, *Planning for Your Best Results from Foot and Ankle Surgery*, which outlines general preparations, complications monitoring, a diary of progress and more. Visit www.canorth.org for access, or call 1-800-461-3639 to have a copy mailed to you.

