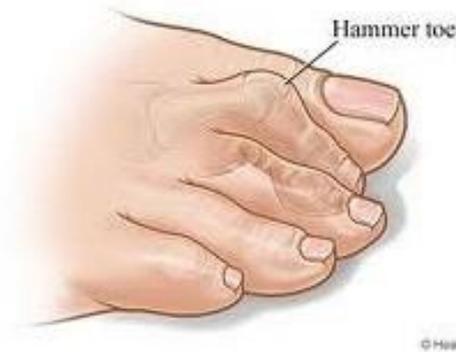


Hammertoe (or claw toe or mallet toe)



What is Hammertoe, Claw toe or Mallet toe?

The small toes are important in walking, especially when pushing off with the foot towards the next step. They share the pressure with the big toe and the ball of the foot. Toes become deformed when the pressure on the toes are stronger than their joints can resist. This may be because the joints are weak or the pressures strong, or both.

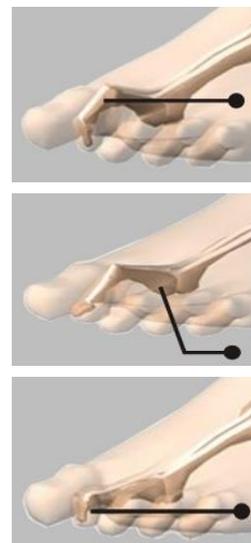
The joints may be weak because they have been damaged by injury or arthritis. The muscles that control them may become unbalanced, so that one set pulls harder than others and causes the toe to bend. In some people the tissues in the lower part of the joint at the base of the toe (metatarsophalangeal joint or MTPJ) become weak, allowing the base of the toe to drift upwards and unbalancing it.

There are different types of small toe deformities:

Claw toe: Involves an upward bending of the toe joint at the ball of the foot. At the middle joint and sometimes the end joint, the toe bends downward in a claw-like fashion often digging into the sole of the foot. This can occur in any toes except the big toe.

Hammertoe: The toe is bent at the middle joint causing a curling of the toe. Most common in the second toe but can occur in any toes. Hammertoes are often present along with a bunion deformity.

Mallet toe: Similar to hammertoe, except the joint involved is the last joint (DIPJ) instead of the knuckle joint (MPJ), giving the toe a mallet-like appearance at the end of the toe.



What causes Hammertoe, Claw toe or Mallet toe?

Poorly fitting shoes: usually wearing shoes that are too short.

High arched foot:

Genetics / Bunions / Rheumatoid arthritis / Diabetes / Tendon imbalance:

Underlying neurological condition such as Charcot Marie tooth disease.

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How is it Treated?

Treatments may be operational or non-operational.

Non-operational:

Padding: Putting padding between your toes and strapping them in place may help to stop pain caused by toes rubbing.

Orthotic devices: Custom orthotic devices can reduce excessive pressure from painful areas.

Shoes: with wider and deeper toe areas can also help you get around more easily.

Regular visit to podiatrist: to remove painful hard skin can help reduce pain in the short term over the bunion area or spacer between first and second toe may relieve pain caused by the bunion rubbing.

Operational:

Depends on the problems with your toes. Your surgeon will discuss which procedures your operation is likely to involve.

Releasing or lengthening tendons.

Putting joints back into place.

Straightening a toe by removing some bone.

Stiffening one of the toe joints.

Changing the shape of metatarsal bone to shorten or lift it away from the skin on the ball of the foot.

When is Surgery needed?

Surgery is considered in patients who have not responded well to non-surgical treatments.



Costs

Initial Consultation	(30 minutes)	\$160
Subsequent Consultation	(30 minutes)	\$120

Costs of surgery varies depending on the procedures required for your deformities. During your first consultation, Dr Kim will assess your condition and give you a written quote so you can contact your private health insurance to find out your out-of-pocket costs.

FAQ

Do I need a referral?

No referral is required to see Dr Kim unless you are claiming DVA or Workers Compensation, which requires specific referral paperwork, and cannot be seen without this.

Are you an Orthopaedic Surgeon?

No, I am not. I am a Podiatric Surgeon who is also recognized as a specialist under AHPRA.

How long will I be off my feet?

Most foot surgery allows patients to be on their feet immediately following the procedure but are expected to wear a protective post-operative shoe over their bandaging to protect the surgical site. In the first 3-7 days, patients are expected to rest as much as possible even when they are able to walk. At your first post-operative review (usually 7 days following), Dr Kim will discuss your progress and anticipated recovery, as well as your progression into normal footwear such as runners and flat casual shoes. For the majority of patients, a return to normal footwear occurs at 3-4 weeks following the procedure although this does vary.

When can I drive?

Generally speaking, no patient should drive a motor vehicle in the first week following surgery. From then on, it is very much dependent on the type of procedure performed. The average time taken off driving is 3-4 weeks.

When can I fly?

Not in the first week. The decision to fly is made on an individual basis for each patient and procedure performed. Flying too soon following surgery can prolong swelling and may theoretically increase the risk of blood clots in the legs (deep vein thrombosis).

When can I work again?

If you work at a desk with minimal time on your feet, it may be as early as one week. More active employment usually is considerably longer.

What are the risks?

Elective foot surgery is very safe. The risks of foot surgery are similar to those of other surgeries such as infection and deep vein thrombosis. There are also risks associated with having certain medicines during and after surgery, such as nausea and vomiting. Any risks associated with surgery are explained during a pre-operative consultation at which time written consent is given. Absolute care is taken to ensure that consent to undergo surgery is only given once all questions have been answered to the patient's satisfaction and all possible risks have been explained.

About Us

Dr Ji Soo, Kim is a highly qualified foot specialist, holding both a Bachelor of Podiatric Medicine and a Doctor of Clinical Podiatry.

He holds dual registration with AHPRA as both a podiatrist and a specialist podiatric surgeon and is a fellow of the Australian Association of Podiatric Surgeons.

Dr Kim and the team at Brisbane and Gold Coast Foot Surgery are dedicated to working with you to accomplish the best possible outcomes for your foot health, mobility, and quality of life.

Specializing in conditions affecting the feet and ankles for patients both young and old. This is achieved with treatments or surgery that will help you regain your lifestyle, movement, and mobility so you don't miss out on living your life to the fullest.

Why Choose Us?

Dr Kim takes his time to clearly explain non-surgical and surgical treatments of your problems and if surgery is deemed necessary, he will thoroughly explain procedure and risks/ complications.

Dr Kim believes the post-op care is the most important, so his mobile number is given to all patients after surgery to make sure he is only a phone call away if you have any questions about your recovery or when he is needed.

What is Podiatric Surgery?

Podiatric surgery is a specialty of the podiatry profession that specializes in the surgical and non-surgical treatment of foot, ankle, and related extremity structures. Podiatric surgeons are recognized as registered specialists by AHPRA (Australian Health Practitioner Regulation Agency) and perform hospital-based surgery within private hospital and licensed day surgery centers.

Information about Medicare & Private Health Insurances.

Podiatric surgery is currently not covered under Medicare. Most private health insurance funds provide rebates for a range of podiatric surgery services, including hospital costs and surgeon's costs, but this depends on your level of cover.

If your private health insurance only covers a small part of podiatric surgery, you may change your health insurance to one that does choose to cover some or all of this service, lobby your fund to change its policy and/or provide you with what is called an 'ex-gratia' payment.