



CAPITAL FOOT & ANKLE CENTERS

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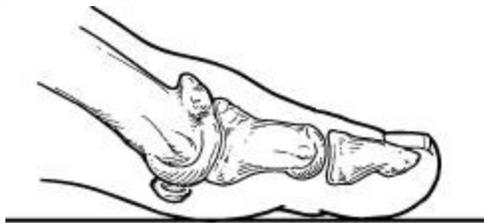
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Physician & Surgeon of the Foot & Ankle



The Modified Hohmann Osteotomy

What is Hallux Rigidus?



Rigid Deformity

Hallux Rigidus is a disorder of the joint located at the base of the big toe. It causes pain and stiffness in the big toe, and with time it gets increasingly harder to bend the toe. "Hallux" refers to the big toe, while "Rigidus" indicates that the toe is rigid and cannot move. Hallux rigidus is actually a form of degenerative arthritis (a wearing out of the cartilage within the joint that occurs in the foot and other parts of the body). Because hallux rigidus is a progressive condition, the toe's motion decreases as time goes on. In its

earlier stage, motion of the big toe is only somewhat limited - at that point, the condition is called "hallux limitus." But as the problem advances, the toe's range of motion gradually decreases until it potentially reaches the end stage of "rigidus" - where the big toe becomes stiff, or what is sometimes called a "frozen joint."

The Modified Hohmann Procedure



There are many different ways to correct hallux rigidus: Shave the bump off (Cheilectomy), Replace the Joint, Fuse the Joint (Arthrodesis), but I prefer to correct the main problem: elevation of the first metatarsal. We will shave the bump off and move the head of the first metatarsal back down into a better alignment so the big toe does not jam against it.

Our surgery is performed as an outpatient, same day surgery under MAC anesthesia – usually using versed and propofol with a localized first metatarsal block. No general anesthesia or tubes are inserted to help the patient breathe. They are off in a "twilight sleep" during the procedure, but are breathing on their own.

The procedure I prefer to utilize is the **Modified Hohmann Osteotomy**. We will remove the spur, cut the bone and move it back into proper alignment. The incision is made at the medial aspect of the joint in order to minimize visibility of the scar. A sagittal saw is used to resect the dorsal eminence. The saw is utilized to create an oblique cut at the neck area. The capital fragment/head of the first metatarsal is then shifted down (and slightly back) and temporarily fixated with two wires. Two small screws are then inserted over the wires reattach the bone. The wires are removed and a sagittal saw is utilized to smooth out any remaining bony prominences.

At this point, the joint is re-evaluated. If the hallux is still slightly deviated, a small, oblique wedge may be removed from the middle of the proximal phalanx, shifting the hallux into a more rectus fashion and then fixated with a screw or threaded k-wire. A sterile, mildly compressive dressing is applied and the patient is placed in a short walking boot.

The Recovery

Weeks 1-2 Post-Op

- Immediately following the surgery, the patient may walk with boot on to the bathroom and back (or very short distances only). No cast or crutches are needed.
- Post-op pain medication is usually taken every 4-6 hours for the first 3-7 days.
- They must elevate their foot whenever sitting in order to control edema.
- The bandage will stay in place and will not be changed until their first post-op appointment in 4-7 days.
- The bandage will be changed after week one, and they will have the same instructions:
No getting it wet, with minimal walking to bathroom and back.

Weeks 2-6 Post-Op

- At 2 weeks post-op, all dressings will be removed.
- The patient may now shower and get the area wet
- They may apply various hand lotions to the incision (vitamin E, cocoa butter, aloe vera, etc.)
- They will also be returned to their gym shoe and allowed to walk on the area for 10 minutes each hour (maximum) the first week. Each coming week they will increase their walking by 10 minutes per hour.
- Also at 2 weeks post-op, the patient may start with a light swim or exercise bike activity.

Week 6 Post-Op

- At 6 weeks post-op, the bone cut should be healed. An x-ray is taken to verify the healed osteotomy.
- If the osteotomy is healed, the patient may start walking for exercise and gradually start trying to be on their feet all day.
- The osteotomy is still not strong enough for high impact activities yet.

Week 10 Post-Op

- At 10 weeks post-op, the bone should be much stronger and the patient may start to gradually build up their running and jumping activities.
- The swelling usually decreases enough around the 3-month mark so that the patient may return to all gym shoes and tighter fitting shoes.
- The surgical site will continue to gradually remodel and strengthen over the course of a year.

Contrary to the vast amount of information found on the internet, our patients are usually quite surprised by the little amount of pain and discomfort they have post-op. We prefer to operate on only one foot at a time, in order to give the patient one "good" foot to walk on during the recovery.

