Weil Osteotomy

Exceptional healthcare, personally delivered
Following your consultation with a member of the Foot and Ankle team you have been diagnosed with metatarsalgia and advised to have a Weil osteomy. This leaflet aims to give you additional information about your condition and the treatment. It is designed to give you some general details about the recovery from surgery if necessary and the common risks and complications. This leaflet is not for self diagnosis. Please ask your surgeon if you have any further questions.

**What is it?**

The Weil osteotomy is an operation for pain in the front part of the foot, under the ball of the foot. We call this type of pain “metatarsalgia”. It may also be performed as part of an operation to straighten one or more of your toes.

**Why would it be performed?**

Metatarsalgia can usually be treated with simple measures such as:

- Comfortable shoes
- Weight loss
- Insoles
- Simple pain tablets
- Other treatments, such as physiotherapy exercises, also help some people.

If these measures do not make you comfortable enough to live fairly normally, an operation could be considered. There are different operations depending on the cause of your metatarsalgia. If the main problem, or an important part of it, is that one of the metatarsals is too long relative to the others or points too far downwards, the Weil osteotomy would usually be advised.

If you have a curved or hammer toe and wish to have it straightened, this can usually be done without involving the
metatarsals. For some, the joint at the toe’s base (“metatarso-phalangeal joint”) is so tight and stiff that it cannot easily be straightened. A Weil osteotomy of the metatarsal will relax the joint sufficiently to allow it to straighten and heal without excess pressure.

What does the operation involve?

A cut is made on top of the foot between the metatarsal bones. If you are having your toes straightened at the same time, the cut may extend into the toes or there may be separate cuts on the toes. The metatarso-phalangeal joint at the base of the toe is opened and freed to relax the tissues. A cut into the metatarsal bone allows it to slide back sufficiently to relax the joint and relieve the pressure under your foot. The amount it needs to slide is measured by your surgeon on X-rays taken before the operation. The bone is then fixed in its new place with 1 or 2 tiny screws and the cut is closed. This process may be performed on one or more metatarsal bones. You may need to have several bones done if:

- More than one bone is painful
- More than one toe is being straightened
- Only one bone is painful but reshaping this bone will put pressure on the other bones of the foot. In this case, 2 or 3 bones may be reshaped to even out the pressures.

Can it be done as a day case operation?

If you are medically fit, have someone who can collect you and look after you after the operation and you are comfortable afterwards, the operation can be done on a day case basis.

If you have other medical problems such as diabetes, asthma or high blood pressure, you may have to attend the preoperative assessment clinic 2-6 weeks before your surgery. You may need to stay in overnight after your surgery.

You must stay overnight in case of complications if there is no one to collect and look after you.
The commonest reason for having to stay overnight after the operation is for pain control. Local anaesthetic injections can help with this, but not everyone is comfortable to go home.

**Will I have to go to sleep (general anaesthetic)?**
The operation can be done under general anaesthetic (asleep). Alternatively, an injection in the back, leg or around the ankle can be done to make the foot numb while you remain awake. Local anaesthetic injections do not always work and, in that case, you may have to go to sleep if the operation is to be performed. Your anaesthetist will advise you about the best choice of anaesthetic for you.

In addition, local anaesthetic may be injected into your leg or foot while you are asleep to reduce the pain after the operation even if you go to sleep for the surgery. You will also be given pain-killing tablets as required.

**Will I have a plaster on after?**
You do not usually need a plaster after a Weil osteotomy. Usually, we will put dressings and a bandage on your foot and you can walk on it in a protective sandal with a stiff sole. However, if your bone is particularly soft or any other surgery carried out needs extra protection, a plaster will be put on which you would usually wear for 4 weeks.

**What will happen afterwards?**
You can go home when comfortable and safe. An X-ray may be taken before you go home. For the first 2 weeks, you should avoid walking if possible and only put your weight through the heel. When not walking, rest with your foot elevated to reduce swelling.

You will be seen in the nurse-led clinic 2 weeks after your operation. The dressings will be removed, the wound examined, the stitches removed if necessary and an X-ray taken if it was not done in hospital. You may have a special splint made to fit around your foot to help support and protect the protected bones which you wear inside the post-op shoe. You will then be more
mobile and able to walk on your heel using crutches to support you.

Another clinic appointment will be made for 4 weeks later. At this time, another X-ray will be taken. If this shows the cut bone is solid you can then walk on the front of your foot. If not you may need to continue walking on your heel for another 3 - 4 weeks. The process will then be repeated.

Once the wounds are healed, it is very important to begin gently moving your toe to help prevent it becoming stiff. We suggest that you do this by using your hand to gently move the toe up and down for several minutes 2 or 3 times a day. We will show you how to do this.

**How soon can I…**

**Walk on the foot?**
You can do so immediately, but for the first 14-17 days you should avoid walking if possible and put all of your weight on the heel. When not walking you must rest with your foot elevated as much as possible to reduce swelling. After this you can be more mobile but you must still walk on your heel.

**Go back to work?**
This depends on what you do and how you get to work. If you have a sitting-down job that you could do with your foot in bandages or plaster and you can get to work, you could probably go back to work 2-3 weeks after surgery. If you have a heavy manual job, you may be off for up to 3 months. If you need to drive to work, this will affect when you can go back. Your surgeon will advise you about going back to work.

**Drive?**
Once your bandages or plaster have been removed you may be able to start driving again. You must be comfortable and not too stiff before trying to drive. Start by sitting in the car and trying the pedals.
Then drive round the block. Drive short distances before long ones. If you cannot safely make an emergency stop your insurance will not cover you in the event of an accident. Ask your surgeon when it is safe for you to drive again.

**Play sport?**

After your six week consultation and as advised by your surgeon you can start gently exercising your foot and walking further each day. When you are comfortable doing this you can start gentle running and stretching. Contact, twisting and impact sports can follow as comfort dictates. Everyone varies as to how quickly they can take up exercise again. Be guided by your own body’s reactions and the advice of your surgeon. Most people can get back to most of their previous activities within 6 months following this kind of surgery.

**Risks**

About 8 in 10 people have an excellent result from a Weil osteotomy. Up to 2 in 10 do not for a number of reasons:

- **Metatarsalgia is a complicated condition.** Although your surgeon will take care to work out the cause in your foot as best as s/he can, there may be some cause that is not obvious until after some of the problems have been dealt with by surgery. If so, you will still have some pain in your foot afterwards. There may be another treatment that can be added for this continuing discomfort.

- **Getting the exact balance right in metatarsal surgery is difficult and, in some people, even a couple of millimetres out will leave some pressure in the foot.** In this case, there may still be some pain. Further treatment may help but not always.

- **Any operation causes some scarring.** In the Weil osteotomy this is inside the metatarso-phalangeal joint and will cause the toe to be stiff. In some cases, this is a good thing, as it stops the toe from curling up, but, in other cases, it may be
annoying if the toe was supple before.

- The nerves to the toes run right under the cut in the foot. We take great care to protect the nerve, but sometimes it becomes stretched and sensitive or numb. In the majority of people, this gets better after 2 or 3 months, but in others it does not.

- The foot tends to swell up quite a lot after surgery. Swelling is part of your body’s natural response to any injury and surgery is no exception. In addition, your foot is at the bottom of your body so fluid tends to collect in its tissues (“at the bottom of the slope”) and cause swelling. People vary in how quickly this swelling disappears after an operation and 6 months is not all that unusual. Provided you are not having undue pain or inflammation there is probably nothing to worry about and you can afford to give it time.

- Deep vein thrombosis and pulmonary embolism.

**Further information**

The figures for complications given in this leaflet have been taken from information produced by the British Orthopaedic Foot Surgery Society using audits from all areas of the UK.


NHS Constitution. Information on your rights and responsibilities. Available at [www.nhs.uk/aboutnhs/constitution](http://www.nhs.uk/aboutnhs/constitution)
If you or the individual you are caring for need support reading this leaflet please ask a member of staff for advice.

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