



**ST VINCENT'S
PRIVATE HOSPITAL**
MELBOURNE

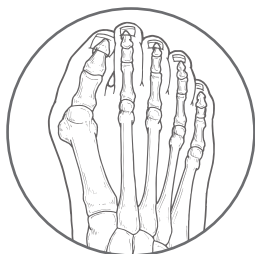
A FACILITY OF ST VINCENT'S HEALTH AUSTRALIA

FOOT AND ANKLE Treatment Options



COMMON FOOT/ANKLE CONDITIONS AND INJURIES

Women are more vulnerable to certain foot problems than men, mainly from years of walking in narrow-fitting shoes that squeeze the toes and from high-heels that cramp the forefoot. Foot problems worsen with age and the most common complaint in women is pain in the ball of the foot or their heel. While you may have another type of foot or ankle condition or injury, these are some of the most common affecting women.



BUNIONS (HALLUX VALGUS)

A bunion is an often-painful bony bump that can form on the inside of your foot at the base of your big toe. This condition, also known as hallux valgus, puts pressure on your big toe joint, pushing your big toe joint to stick out and become inflamed. This can result in pain over the prominent bump, difficulty finding comfortable footwear, difficulty performing physical activity/exercise as well as secondary effects on other areas of the foot. [For more information, refer to page 3.](#)



HAMMER TOE / CLAW TOE

A hammer toe is when your toe is bent at its middle joint so it resembles a hammer. This is caused when the muscles, ligaments, or tendons that usually keep your toe straight are not evenly balanced in strength or looseness. This can result in pain as well as prominence of the knuckle on top of the toe with rubbing and irritation in shoes. [For more information, refer to page 4.](#)



RECURRENT ANKLE SPRAINS / ANKLE INSTABILITY

Either one significant ankle sprain injury or repeated minor sprains can result in tearing or chronic stretching of the ligaments along the outer aspect of the ankle. This can lead to joint pain, swelling, inflammation and damage to the tendons around the ankle. [For more information, refer to page 5.](#)



WHEN SHOULD YOU CONSULT A SPECIALIST FOR YOUR FOOT/ ANKLE CONDITION OR INJURY?

Foot and ankle specialists are orthopaedic surgeons who specialise in the diagnosis, care and treatment for foot or ankle pain. They provide comprehensive medical and surgical care for a wide spectrum of foot and ankle conditions, including common to complex disorders and injuries that affect people of all ages. They are uniquely qualified to detect the early stages of diseases that exhibit warning signs in the lower extremities, such as diabetes, arthritis and cardiovascular disease, and they manage foot conditions that may pose an ongoing threat to a patient's overall health.

Surgery is usually the last option doctors consider. Foot and ankle specialists prefer non-invasive treatment options, such as physical therapy, splinting, orthotics, rehabilitation, and other solutions. However, if these treatments do not provide significant results or relieve pain, a foot and ankle specialist can help you choose the best surgical options for getting you back on your feet!

HERE ARE SOME WARNING SIGNS THAT YOUR FOOT CONDITION OR INJURY REQUIRES HELP FROM A SPECIALIST:

- Numbness.
- Severe pain in your heel, ball of your foot, or arch of your foot.
- You cannot perform everyday activities without experiencing foot or ankle pain.
- Change in your skin or toenail colour.
- Your foot is swelling or tender.
- You cannot move your foot like you used to be able to.
- Your foot is becoming deformed.

BUNIONS

COMMON CAUSES

There are many theories about how bunions develop, but the exact cause is unknown. Factors likely include:

- inherited foot type
- foot injuries
- deformities present at birth (congenital).

TREATMENT

NON-OPERATIVE

CHANGING FOOTWEAR

Modify your footwear to wide-toe-shoes, wearing good athletic shoes or wearing a gel-filled pad.

ARCH SUPPORT INSOLE ORTHOTIC

In cases where bunions are associated with flat feet (loss of the normal arch), application of an arch support insole orthotic can help to reduce symptoms from the bunion.

SPLINT OR TOE SPACER

A bunion splint or toe spacer may also help if the condition is still in its early stage with minimal deformity. Splints help to place the toe in a corrected position, while stretching tight soft tissue structures.

SURGERY

Surgery is recommended when the condition becomes very painful or impacts on your ability to perform desired activities, including sports or when non-surgical treatments have failed to improve symptoms. Typical bunion correction surgery involves re-alignment of two of the bones in the great toe (osteotomy procedures) and fixation of the bones with small screws.

These procedures can now be done via minimally invasive or 'keyhole' incision methods where the more traditional single long incision is replaced with a series of four small incisions 3-5mm each. This method is not suitable for all patients and in some cases a small 3-4cm incision may also be required to achieve adequate correction with reduced risk of recurrence.

The benefits of having your bunion surgery performed using minimally invasive methods include:

- reduced wound complications
- faster recovery
- minimal impact on the great toe joint (1st MTP joint) resulting in reduced stiffness after surgery
- reduced pain from smaller incisions.

RECOVERY FROM SURGERY

- Overnight stay, discharge home the day following surgery.
- Patients are able to walk immediately, using special stiff-soled post-operative shoes.
- Patients are advised to remain at home and elevate the feet whenever possible for the first two weeks.
- Patients can return to seated/office based duties from 3 weeks after surgery.
- Patients must continue to use the post-operative shoe for a minimum of 4 weeks after surgery.
- Patients may recommence driving once they have successfully transitioned out of the post-operative shoe (typically 4-6 weeks).
- Jogging and running can commence from 4-5 months after surgery.
- Full recovery can take up to 6-12 months.

RISK OF NOT TREATING BUNIONS

Bunions are considered to be progressive, meaning that if left untreated the deformity will continue to worsen which can lead to increasing pain as well as secondary deformity of the small/lesser toes. If left untreated the bunion deformity can lead to arthritis of the main joint of the big toe, which typically requires a fusion of the big toe. If the size of the bunion is large enough, it may result in a pressure area and breakdown of the skin on the inner aspect of the big toe, particularly if it is associated with rubbing inside the shoe. In turn, this can become a major infection risk.

If you have a bunion that is causing pain and limiting your daily activities, refer to our list of [Orthopedic Specialists](#) for help. Our highly trained specialists have helped many others eliminate pain and return to their normal activities due to bunion problems. Upon an evaluation, you'll be given the best course of action to take. Give one of our specialist a call today.

HAMMER TOE / CLAW TOE

COMMON CAUSES

Hammer toe is caused by muscle weaknesses and imbalances which can be triggered by a variety of factors like:

- a traumatic toe injury like a broken, stubbed or jammed toe
- conditions like arthritis and diabetes
- having an unusually high foot arch
- wearing high heels or shoes that don't fit properly (too tight)
- tightened ligaments or tendons in the foot
- pressure from a [bunion](#), which is when your big toe points inward toward your second toe.

TREATMENT

NON-OPERATIVE

CHANGING FOOTWEAR

If caught early enough hammer toe can be managed with modification of foot wear to wide-toe shoes, low heels and good arch support.

ORTHOTIC INSERTS AND PROTECTIVE TOE 'SLEEVES'

The use of products to cushion the toe like a protective toe 'sleeves' to reduce rubbing of shoes over the top of the toes, or using orthotics shoe inserts can reduce pain and stop the hammer toe from worsening.

TAPPING AND SPLINTS

In some cases, tapping a hammer toe or using a splint can stabilise the toe by keeping it in a straightened position.

SURGERY

Surgery is recommended when the condition becomes very painful or impacts on your ability to perform desired activities, including sport. Surgery is also recommended when non-surgical treatments have failed to improve symptoms. Typical surgery to correct a claw or hammer toe deformity involves shortening of the long bone leading to the toe (metatarsal bone) as well as re-balancing of the ligaments/tendons of the toe with or without fusion of the first knuckle of the toe (depending on the severity of the deformity). For certain parts this surgery can also be performed via keyhole incisions and if fusion of one of the joints is necessary this is performed using small internal implants rather than traditional long pins which would have to be removed after a few weeks.

RECOVERY FROM SURGERY

- Overnight stay, discharge home the day following surgery.
- Patients are able to walk immediately, using special stiff soled post-operative shoes.
- Patients are advised to remain at home and elevate the feet whenever possible for the first two weeks.
- Patients can return to seated/office based duties from 3 weeks after surgery.
- Patients must continue to use the post-operative shoe for a minimum of 4 weeks after surgery.
- Patients may recommence driving once they have successfully transitioned out of the post-operative shoe (typically 4-6 weeks).
- Jogging and running can commence from 4-5 months after surgery.
- Full recovery can take up to 6-12 months.

RISK OF NOT TREATING HAMMER TOES

Claw and hammertoe deformities are also considered to be progressive. They are likely to worsen over time. As the deformity worsens, the knuckle over the top of the toe becomes more prominent. This area can rub on shoes with a painful pressure area and eventual breakdown of the skin. With loss of normal alignment at the smaller toes, the metatarsal bones (a group of five long bones in the foot) also become more prominent along the sole of the foot leading to pain in the ball of the foot and a condition known as metatarsalgia.

ANKLE INSTABILITY

COMMON CAUSES

Ankle instability usually develops following an ankle sprain that has not adequately healed or was not rehabilitated completely. When you sprain your ankle, the connective tissues (ligaments) are stretched or torn. The ability to balance is often affected. Proper rehabilitation is needed to strengthen the muscles around the ankle and retrain the tissues within the ankle that affect balance. Failure to do so may result in repeated ankle sprains.

TREATMENT

NON-OPERATIVE

PHYSIOTHERAPY

Physiotherapy is useful to strengthen the muscles and tendons around the ankle in order to compensate for the deficient ligaments.

ANKLE BRACE

Use of an ankle brace (typically a lace up ankle brace) or ankle strapping to maintain stability during activity.

LIFESTYLE MODIFICATION

Avoid activities which result in ankle instability (e.g. exercising on uneven surfaces or activities which require rapid change of direction while running).

SURGERY

When all these non-operative measures fail, and recurrent ankle instability becomes an ongoing problem, interfering with your ability to perform usual activities, work duties or desired sporting activities, surgery may be recommended. Ankle reconstruction surgery is performed using a combination of keyhole and open techniques. First, an ankle arthroscopy is performed via keyhole incisions to ensure that there are no major problems inside the ankle joint (such as spurs or loose cartilage). The ligament reconstruction is performed via a 4-5cm incision on the outer aspect of the ankle and current technology allows for application of an 'internal brace' to reinforce your own ligaments allowing earlier return to function, faster

rehabilitation and reduced risk of recurrent instability. The repair is performed using bio-absorbable screws rather than metal screws.

The benefits of having your ankle reconstruction surgery performed using the newer methods include:

- reduced wound complications.
- faster recovery: the use of the internal brace allows for commencement of ankle range of motion exercises and weight bearing from two weeks after surgery with reduced risk of re-injury to the repaired ligaments.
- no use of metal implants around the ankle joint with less potential for irritation of the joint.

RECOVERY FROM SURGERY

- Overnight stay, discharge home the day following surgery.
- Bandaging and a fibreglass splint are applied to the ankle in the operating room. This must be left on for the first 2 weeks after surgery.
- Patients are advised to remain at home and elevate the leg for the first 2 weeks.
- Patients are advised not to weight bear on the operated leg for the first two weeks and will require crutches during this time.
- Partial weight bearing is commenced from 2 weeks after surgery with an ankle brace applied (the fibreglass splint is removed at this stage).
- Patients can return to seated/office based duties from 3 weeks after surgery.
- Patients should be walking comfortably by 6 weeks after surgery.
- Patients must continue to use the ankle brace for a minimum of 3 months after surgery.
- Patients may recommence driving once they can weight bear comfortably without crutches (typically 6 weeks).
- Jogging and running can commence from 4-6 months after surgery.
- Full recovery can take up to 12 months.

RISK OF NOT TREATING ANKLE INSTABILITY

If left untreated ankle instability can lead to chronic pain, inflammation and swelling in the ankle joint. Recurrent instability episodes can also cause damage to the joint cartilage with risk of ankle arthritis. Unstable joints have a higher rate of arthritis than joints with normal stability.

If attempts are made to return to high intensity sport with ankle instability there is a high risk of further damage to the ankle as well as injury to other joints in the leg.



EXPERIENCE.

The Difference.

ST VINCENT'S PRIVATE HOSPITAL MELBOURNE ORTHOPAEDIC CARE

St Vincent's Private Hospital Melbourne performed more than 10,000 orthopaedic surgeries in 2018. We have an enviable reputation for orthopaedics in Australia and around the world. As a centre of excellence for orthopaedics, we attract local, interstate and international sports stars. Our commitment to the specialty is evident in the delivery of safe and high quality healthcare and is what really stands St Vincent's Private apart.

MELBOURNE'S LEADING ORTHOPAEDIC SURGEONS

Many of the state's most experienced orthopaedic surgeons consult on site at St Vincent's Private Hospital or are located within immediate proximity. Our surgeons specialise in many areas of orthopaedic expertise like joint replacement surgeries including hip, knee, ankle, wrist, shoulder and elbow; orthopedic interventions including sport medicine and injuries; and tumour and reconstructive surgery.

STATE OF THE ART THEATRES

Our theatres are equipped with the latest technology and instruments to support our surgeons in providing the best treatment plan for patients and to help patients achieve the best outcome. We are one of the first hospitals in Victoria to have the Mako Stryker system. Stryker's robotic-arm assisted surgery is a minimally invasive treatment option. The robotic arm is controlled by the surgeon and allows for tactile, auditory and visual feedback and limits the bone preparation to the diseased areas. It provides customised implant positioning, placement and real time adjustments for each individual patient.



HIGHLY EXPERIENCED TEAM

Our orthopaedic unit has dedicated nursing and allied health staff who are highly trained and well experienced in managing all orthopaedic conditions. Our primary theatre nurses have all undergone additional orthopaedic specialty training. All of which means our surgeons have a great sense of trust in our medical teams care and capacity to identify clinical issues.

ON-SITE REHABILITATION

Our purpose-built on-site inpatient rehabilitation facilities at both [East Melbourne](#) and [Werribee](#) hospitals provide assistance for patients recovering and reconditioning from surgery and injury.

Our outpatient rehabilitation programs continue to aid patients in their recovery even after they return home, and also includes vital exercise programs.

Our rehabilitation therapy spaces include brand new purpose built gymnasiums, indoor hydrotherapy pool with change rooms and shower facilities and therapy areas designed for practicing everyday occupations including our home-style kitchen.

PAEDIATRIC ORTHOPAEDIC

Our paediatric unit is the busiest and longest running private paediatric unit in Victoria. The unit is proud to have many highly regarded leaders in the field of paediatric orthopaedics mostly working both at The Royal Children's Hospital and privately at East Melbourne.

There are two on-site clinics catering to paediatric orthopaedic patients.

The [St Vincent's Kids Hip Dysplasia clinic](#) allows patients to see an orthopaedic hip specialist, with low radiation paediatric X-rays and ultrasounds all on-site. Paediatric bracing and orthotic services are also provided within the rooms, along with specialised physiotherapy and rehabilitation services.

The [St Vincent's Kids Sports Injury clinic](#) provides patients with the benefit of reduced waiting times to see a specialist. The clinic can provide patients with scanning, bracing and rehabilitation facilities in one easy location as well as timely access to surgical management if required.

ST VINCENT'S
Kids





ST VINCENT'S PRIVATE HOSPITAL MELBOURNE ACCREDITED FOOT AND ANKLE SURGEONS

EAST MELBOURNE AND KEW

<u>Harvinder Bedi</u>	89 Bridge Road Richmond	phone 9038 5200
<u>Mark Blackney</u>	166 Gipps Street East Melbourne	phone 9417 0762
<u>Terrence Chin</u>	166 Gipps Street East Melbourne	phone 9928 6450
<u>Hamish Curry</u>	188 Gipps Street East Melbourne	phone 9928 6188
<u>Daniel Goldbloom</u>	188 Gipps Street East Melbourne	phone 9928 6188
<u>Sasha Roshan</u>	170 Gipps Street East Melbourne	phone 9928 6975
<u>Otis Wang</u>	170 Gipps Street in East Melbourne	phone 9928 6969

WERRIBEE

<u>Hamish Curry</u>	242 Hoppers Lane Werribee	phone 9928 6188
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