

Hammertoe Correction Surgery

Post Operative Planned Schedule:

Day of Surgery:

- Rest after arriving home, keep your leg elevated as much as possible
- 25-50% weight bearing on your heel or flatfooted, which means you must use crutches or a walker to assist you until you are full weight bearing status.

1 Week Visit:

- Possibly get sutures out if directed by Dr. Mangone.
- Continue 25-50% weight bearing in the post op shoe
- May shower, no soaking, if approved by Dr. Mangone

3-4 Week Visit:

- Sutures out if not removed at 1 week visit
- Get pins removed from toes
- 50% weight bearing in the shoe, still using crutches, walker, or a cane until directed by Dr. Mangone to increase, anywhere from 4-6 weeks post op

6-8 Week Visit:

- Wean out of the post-operative shoe into comfortable shoes with a firm sole

12 Week Visit:

- Continue to wear shoes with a hard sole as to keep toes straight; may advance to other shoes as tolerated. Increase activities as tolerated.

6 Month Visit- Final:

- Return to see Dr. Mangone for the final visit if needed. Discuss any problems, concerns, or questions at that time.

Extra Instructions:

- It is normal to have some drainage/bleeding on or through the bandage; pain is also to be expected. If you get a fever or red streaks up your leg call immediately.
- Showering: After 1st visit if approved by Dr. Mangone
- Soak in a tub: Approximately one week after the pins have been pulled.
- Drive a car: (if R foot or manual transmission) Only when back to a normal shoe
- Understand that your foot/great toe may not look exactly the same as the other.
- There is a 5-10% risk of recurrence of the hammertoes over your lifetime and you may have some residual stiffness of the toes and inability to flex the toes.
- You may not be able to wear a normal shoe on a regular basis for up to three months due to residual swelling of the great toe and foot.
- You must follow these instructions to ensure proper healing and to reduce your risk of non-union or other problems.

I understand the post-operative plan and the risks of surgery. I will be compliant with these restrictions and work with Dr. Mangone's instruction throughout my medical care.

Signed: _____.

Date: _____.