

## DR JEFF LING MBBS BSc (Med) FRACS (Orth)

Adult and Paediatric Orthopaedic Surgeon Specialising in the Foot and Ankle

# **Big Toe Arthritis: Moberg-Cheilectomy Procedure**

### INTRODUCTION

"Hallux rigidus" or osteoarthritis of the 1st metatarsophalangeal joint or MTPJ (joint at the base of the big toe) is a common condition. The symptoms are pain and stiffness in the toe. Patients also have difficulty getting up on their toe, running and wearing a high-heeled shoe. Most patients notice a bump on the top of the foot at the 1st MTPJ and a stiff and painful toe. In mild to moderate stages of the disease, the Moberg-Cheilectomy Procedure is the treatment of choice. We first do a cheilectomy ("cheilus" means "lip" in Greek), which involves shaving off the spur on the top of the 1st MTPJ. This spur often blocks dorsiflexion (upwards movement) of the toe. The second part of the procedure is the Moberg osteotomy which involves taking a small wedge out of the first bone of the big toe, the proximal phalanx, and inserting a small screw, which again helps upwards movement. This procedure is very effective for mild to moderate hallux rigidus and most patients can return to full activity afterwards.

#### THE PROCEDURE

The Moberg-cheilectomy procedure has a number of steps.

These include:

- 1. General anaesthetic, Intravenous antibiotics
- 2. Incision along top of big toe
- 3. Removal of spurs
- 4. Moberg osteotomy
- 5. Check x-ray
- 6. Closure of wound with stitches

#### **RISKS & COMPLICATIONS**

All surgical procedures carry some risk. Fortunately the risk of complications with the Moberg-Cheilectomy is low. Some of the risks of surgery include: Wound infection Nerve injury causing numbness, tingling and/or pins and needles. Non union (the bone doesn't heal) Anaesthetic complications Drug allergy Ongoing pain

#### POST OPERATIVE PROTOCOL

Patients will stay 1 night in hospital for observation and physiotherapy assessment Keep dressings dry and intact until the first post-operative appointment. Keep foot elevated as much as possible, especially for initial 72 hours.



Removal sutures around 2 weeks Pain killers may be required for up to 2 weeks Protected weight bearing in a post operative shoe for 4 weeks Recommencement of most activities: 12 weeks Full recovery: 3-6 months

#### PROBLEMS AND CONCERNS

If you have any queries or concerns, contact Dr. Ling's rooms on 9650 4782 between business hours. After hours or on weekends, if your matter is urgent, please present to the Emergency Department at Prince of Wales Hospital if you are an adult, or Sydney Children's Hospital if the patient is your child, and you will be seen by the Orthopaedic Registrar on call, who will contact Dr Ling directly