

Cartiva implant for big toe arthritis



What is big toe arthritis (hallux rigidus)?

Hallux rigidus is arthritis of the main joint of the big toe in the ball of the foot. It is a wearing out of the joint surfaces. The commonest problem is pain and stiffness in the big toe joint. A bony bump may also develop on top of the joint which may rub on your shoes.

What are the treatment options?

As with arthritis of any joint, avoiding those activities which cause the symptoms is one option.

Anti-inflammatory medications and gels may also help. Non-surgical treatment will not cure your arthritis but may help reduce your symptoms. These include:

- Accommodative footwear footwear with rigid sole or rocker bottom.
- Insoles.
- Joint injections.

If non-surgical treatment does not work, your consultant may recommend you to have surgery to relieve your pain. There are several procedures which may be considered for this condition. We will discuss these with you along with the benefits of one type of treatment over the other. This leaflet discusses the Cartiva implant.

What is the Cartiva implant?

Cartiva Synthetic Cartilage Implant is a gel-like implant that is designed to replace the damaged cartilage surface. It is made from polyvinyl alcohol, a material that has been used in a number of medical device applications for more than 20 years. The gel material mimics the quality and density of bone, eliminating the problematic side effects of metal implants, which can damage the bone over time.



About the operation

The operation can be performed as a day case, so you can go home on the day you have your operation, unless we advise you to stay longer.

You will be given a general anaesthetic for the duration of the procedure, which lasts approximately 30 minutes. We make a small incision(4-5 cm) to expose the joint. After removing any bone spurs, a small hole (1 cm diameter) is drilled into the damaged cartilage on the metatarsal head. The Cartiva implant is then press-fitted into the hole. This acts as a joint spacer, decreasing bone-on-bone contact responsible for arthritic pain.

The skin is closed using stitches and a bulky dressing and bandage will then be placed on your foot for 2 weeks.

After the operation

Your foot will be protected in an orthopaedic shoe for 2-3 weeks. You will be allowed to walk on the operated foot. It is important to keep the foot elevated as much as possible especially for the first 3 days.

You will usually be able to go home when you feel ready. You will need to arrange for someone to drive you home. You should try to have a friend or relative stay with you for the first 24 hours. You will be followed-up in clinic 12 to 14 days after surgery to check the wound and reduce the foot dressing.

Wound care – The bulky dressing should be kept on until you clinic appointment 12 to 14 days after surgery.

Walking - Try to keep your foot elevated as much as possible to prevent swelling. You will be able to walk on the day of your surgery unless advised otherwise. You may mobilise freely around the house but long walks or standing for long periods should be avoided. You may need to use a stick or crutches for a few days.

Work - If you have a sedentary job you should be able to return to work within 2 weeks. If your job is physical, you may need to stay off work for at least 6 weeks.

Driving / travel - You will not be able to drive for 3 - 4 weeks following surgery (the only exception is if you drive an automatic AND your LEFT foot is operated on; you may start driving 2 weeks following surgery). **It is advisable to check the terms of your car insurance to ensure your cover is valid, as some policies state that you must not drive for a specific time period after an operation.**

What are the surgical risks involved?

- Infection - there is a small risk of infection with all surgery. If this occurs it will be treated with relevant antibiotics.
- Pain - for most people the pain passes after 24-48 hours and is tolerable with regular painkillers.
- Swelling - this is quite common. In some people the swelling reduces within a matter of weeks and in others could take a few months.
- Deep Vein Thrombosis - also known as Venous Thromboembolism (VTE), this is a rare complication of foot surgery.
- Nerve damage – this may leave you with numbness or a sensitive scar
- Residual pain in the joint

It is beyond the scope of this document to identify all the most extreme (less than one in a thousand) risks that you might be prone to but we will be very happy to discuss any worries about specific concerns and also about any family history or your own personal history of problems in the past which are much more relevant. If there is anything you do

not understand or if you have any questions or concerns, please feel free to discuss them with us.

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