PROCEDURE

Hammer, claw, mallet toe surgery, deciding about

Surgery straightens a painful bent toe by releasing, moving, removing, or joining tissues and bones.

PURPOSE
Relieve pain and improve toe alignment and shoe fit

PROCEDURE TYPE
Therapeutic surgery using open or minimally invasive techniques

WHERE IT IS DONE
Outpatient operating theatre

ANAESTHESIA
Local with moderate sedation, or general anaesthesia

HOW LONG IT TAKES
About 30 to 90 minutes, based on surgical extent

PREPARATION
Medicine review, possible fasting, and a ride home

RECOVERY
Same day; no driving until safely walking and medically cleared

MAIN RISKS
Infection, stiffness, nerve injury, recurrence, poor bone healing

RESULTS
Alignment visible immediately; pain and function judged after healing

Overview

Hammer, claw, and mallet toes are different patterns of abnormal bending in the smaller toes. A hammer toe bends mainly at the middle joint. A mallet toe bends near the tip. A claw toe bends upward where the toe meets the foot and downward at the other joints.

Surgery aims to make the affected toe straighter and more comfortable. It may involve tendons, ligaments, joints, or bones. The exact operation is chosen according to which joints are bent, whether they can still be moved by hand, and whether problems such as a bunion or an unstable toe joint are also present.

The goal is usually less pain and easier shoe wear, not a perfectly shaped or fully flexible toe.

Why the procedure is performed

Surgery may be offered when a bent toe causes ongoing pain, rubbing, corns, or difficulty wearing suitable shoes. It may also be considered when the toe presses against another toe or when a joint is unstable.

It is usually considered after simpler measures have not provided enough relief. These may include wider shoes, padding, insoles, and exercises for a flexible toe.

Surgery does not treat appearance alone as reliably as it treats a specific problem such as pain or shoe pressure. Ask which symptom the proposed operation is expected to improve.

Who should and should not have it

You may be a candidate if the deformity is painful, interferes with walking or footwear, and has not improved enough with non-surgical care. Both flexible toes and rigid toes can be treated, although they often require different procedures.

Surgery may not be the right choice when symptoms are mild and manageable with footwear changes. It may be delayed or avoided if you have:

Diabetes, reduced feeling in the feet, smoking, and medicines that affect healing or bleeding do not always prevent surgery. They can change the risks and recovery plan. Your surgeon should discuss how they apply to you.

If several foot problems are present, correcting only the bent toe may not give a stable result. A bunion, long metatarsal bone, or unstable joint may need treatment at the same operation.

- An active foot infection, open sore, or damaged skin
- Poor blood flow that could prevent the wound or bone from healing
- A medical condition that currently makes anaesthesia or surgery unsafe
- Difficulty following restrictions needed to protect the foot afterward

How to prepare

Your treating facility's own instructions take priority because preparation differs with the anaesthetic and planned operation.

Tell the surgical team about all medicines, supplements, allergies, medical conditions, and previous problems with anaesthesia. This is especially important for blood thinners and

medicines used for diabetes. Do not stop a prescribed medicine unless the team responsible for your procedure tells you to.

You may need to stop eating and drinking before sedation or general anaesthesia. Follow the times given by your facility.

Arrange for an adult to take you home. Ask whether you will be allowed to put weight on the foot and whether you need crutches, a walker, or a special surgical shoe. Prepare a place where you can rest with your foot raised.

What happens during the procedure

Your foot is cleaned, and anaesthesia is given. This may be local anaesthetic to numb the foot, usually with sedation, or general anaesthesia so you are unconscious. A regional nerve block may also be used to control pain.

The operation is tailored to the toe:

A wire, pin, screw, or small implant may hold the toe straight while it heals. Some wires remain partly outside the toe for later removal. Others stay beneath the skin.

The surgeon may use a standard incision or several small cuts. Minimally invasive surgery uses smaller openings, but it still involves bone or soft-tissue correction and has recovery requirements.

- A flexible toe may be treated by releasing, lengthening, or transferring a tendon
- A rigid middle joint may be straightened by removing a small amount of bone
- A joint may be fused, meaning its surfaces are removed and the bones heal together
- Ligaments around an unstable joint may be released or repaired

Recovery and what to expect afterward

Pain: The toe and forefoot are usually sore after the anaesthetic wears off. Prescribed or recommended pain relief, rest, elevation, and keeping pressure away from the operated area can help. Swelling may last for weeks and can take several months to settle fully.

Eating: You can usually eat after you are awake and comfortable. Start with light food if sedation or general anaesthesia makes you feel sick.

Activity: Many people go home the same day. You may need a rigid-soled surgical shoe and may be told to put weight only through the heel. Keep the dressing clean and dry. Do not

remove or adjust a visible pin. Follow instructions about elevation, walking, bathing, and returning to ordinary shoes.

Driving: Do not drive home. Driving is unsafe while taking sedating pain medicine, wearing a surgical shoe, or unable to perform an emergency stop. Surgery on the right foot may keep you from driving longer. Resume only when your surgeon has cleared you and your insurer's requirements are met.

Work: A desk-based return may be possible sooner if you can elevate the foot. Work involving standing, walking, lifting, or safety footwear generally requires more recovery time. Ask for advice based on your operation and job.

Risks and possible complications

Possible complications include infection, bleeding, slow wound healing, and a thick or tender scar. Swelling, stiffness, numbness, or sensitivity can persist.

The toe may heal slightly raised, shortened, or in an imperfect position. The deformity can return, or another area may become painful. A fused joint may fail to join, while bone can heal in an unwanted position.

Pins or implants can loosen, move, irritate the skin, or require removal. Other risks include injury to a nerve or blood vessel, lasting pain, a blood clot, and complications from anaesthesia. Further surgery is sometimes needed.

Your personal risk is affected by circulation, skin health, smoking, sensation in the foot, medical conditions, and the type of correction.

Results and follow up

The toe's new position is usually visible straight after surgery, but the final result cannot be judged until swelling and healing have progressed.

Routine appointments are used to check the wound, remove stitches, manage any exposed pin, and review X-rays when bone has been cut or fused. Attend these visits even if recovery seems straightforward.

Many people gain pain relief and can wear shoes more comfortably. The toe may remain stiffer or shorter, and wide, supportive footwear may still be needed. Ask how success will be measured for your particular problem.

Alternatives

You do not have to choose surgery simply because a toe is bent. Alternatives include:

If a bunion or unstable toe joint contributes to the problem, treating that condition may be an alternative to isolated toe surgery or may need to be combined with it. Ask what is likely to happen with no surgery and whether a smaller procedure would meet your goals.

- Wider, deeper shoes: Reduce pressure and rubbing but do not straighten a rigid deformity
- Pads, sleeves, or toe spacers: Cushion sore areas but may crowd a tight shoe
- Insoles or orthoses: Redistribute pressure under the forefoot but usually do not correct the toe itself
- Stretching, taping, or splinting: May help a flexible toe but has limited effect once the joints are fixed
- Professional corn and callus care: Relieves thickened skin but does not remove the pressure causing it
- Observation: Avoids surgical risks when symptoms are acceptable, but pain or deformity may continue or worsen

When to call your healthcare team

For routine concerns, contact the surgical team during normal hours about pain medicine, dressing care, swelling, return to work, or follow-up dates.

Seek prompt medical advice if you develop increasing redness, warmth, drainage, fever, worsening pain, a damaged dressing, or a pin that becomes loose or moves. New calf pain or one-sided calf swelling also needs urgent assessment.

Get urgent or emergency help if the toe becomes pale, blue, cold, or suddenly numb; if severe pain is rapidly worsening; or if you develop chest pain, sudden shortness of breath, collapse, or cough up blood.

Common questions

Will I be asleep?

Not always. Some operations use local anaesthetic with sedation, while others use general anaesthesia. Your options depend on the planned correction, your health, and local practice.

Can I drive home?

No. Arrange for someone to take you home. You must also wait until you can control the vehicle safely and are no longer affected by sedating medicine.

How painful is it?

Soreness and throbbing are expected, especially during the first part of recovery. Pain should gradually improve. Pain that is severe, rapidly worsening, or not helped by the agreed plan needs medical advice.

When will I know if it worked?

The new alignment is visible immediately. Pain relief, shoe comfort, and walking are judged over the following weeks and months as swelling settles and tissues heal.

Will a pin stick out of my toe?

Sometimes. An exposed wire may be used temporarily to hold the toe straight. Keep it protected and do not turn, push, or remove it yourself.

Can the toe bend again?

Yes. Recurrence is possible, especially if the original forces affecting the toe remain. Following footwear and recovery advice may help protect the correction.

Sources

- American Academy of Orthopaedic Surgeons. Hammertoe and Mallet Toe . OrthoInfo.
- American Orthopaedic Foot & Ankle Society. Hammertoe Surgery . FootCareMD.
- American College of Foot and Ankle Surgeons. Hammertoe . Foot Health Facts.
- Malhotra K, Davda K, Singh D. The pathology and management of lesser toe deformities . EFORT Open Reviews. 2016;1(11):409-419.
- Royal Orthopaedic Hospital NHS Foundation Trust. Lesser Toe Deformities . Patient information.