PROCEDURE

Hammer toe repair

Hammer toe repair is surgery to straighten a bent toe that causes pain, pressure, or difficulty wearing shoes.

PURPOSE
Straighten a painful toe and improve shoe comfort

PROCEDURE TYPE
Therapeutic surgery using tendon, joint, or bone correction

WHERE IT IS DONE
Operating theatre or outpatient surgical centre

ANAESTHESIA
Local, moderate sedation, or general anaesthesia

HOW LONG IT TAKES
30 to 90 minutes, longer for several toes

PREPARATION
Fasting if instructed, medication review, and arranged transport

RECOVERY
Same day; no driving until cleared and controlling pedals safely

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

RESULTS
Correction seen immediately; final comfort after swelling settles

Overview

Hammer toe repair is surgery to straighten a toe that stays bent at one or both of its middle joints. It is most often performed on the second, third, or fourth toe.

The surgeon may release or move a tendon, remove a small piece of bone, fuse a joint, or combine these methods. The operation chosen is based on whether the toe is still flexible, how stiff the joints are, and whether other parts of the foot also need correction.

Most procedures are outpatient operations, meaning you usually go home the same day. Full recovery takes longer because swelling and bone or soft-tissue healing may continue for several weeks or months.

Why the procedure is performed

Surgery may be offered when a hammer toe causes ongoing problems despite changes in shoes and other non-surgical care. Reasons include:

The goal is to reduce pain and pressure, improve the toe's position, and make footwear more comfortable. Surgery cannot guarantee a perfectly straight toe or restore a joint to normal movement.

- Pain while walking or wearing shoes
- Corns, calluses, or skin irritation over the bent joint
- Pressure or sores at the tip of the toe
- A toe that has become rigid or overlaps another toe
- Increasing difficulty finding comfortable shoes
- Problems related to another forefoot condition, such as a bunion

Who should and should not have it

Hammer toe repair may be reasonable if the deformity is painful, affects daily activities, and has not improved enough with wider shoes, padding, or other non-surgical treatment. A rigid toe is more likely to need bone or joint surgery than a flexible toe.

Surgery may not be the right choice if the toe is painless and fits comfortably in shoes. It is generally not recommended only to change the toe's appearance.

The operation may be avoided or delayed if you have:

Smoking and nicotine use can slow wound and bone healing. Reduced sensation in the feet, including that caused by diabetes or nerve disease, can also affect the risks and recovery plan. These issues do not always rule out surgery, but they need careful assessment before you consent.

- An active infection or open wound near the surgical area
- Poor blood flow that could prevent the wound from healing
- A medical condition that is not stable enough for anaesthesia or surgery
- Blood glucose levels that need better control before elective surgery
- Significant swelling or a recent injury that needs assessment first

How to prepare

Your treating facility's own instructions take priority because preparation depends on the anaesthetic and the exact operation planned.

Tell the surgical team about all medicines, vitamins, and supplements you use. This is especially important for blood thinners like warfarin or apixaban , diabetes medicines, and medicines that affect the immune system. Do not stop a prescribed medicine unless the team responsible for your procedure tells you to.

You may be asked to:

Ask how much weight you will be allowed to place on the foot. This affects whether you need crutches, a walker, or help at home.

- Stop eating and drinking for a set time before sedation or general anaesthesia
- Wash your foot and avoid applying lotion on the day
- Remove nail polish so the toe can be checked
- Arrange for an adult to take you home
- Prepare a safe place where you can rest with your foot raised
- Bring a wide shoe, surgical shoe, or walking aid if requested

What happens during the procedure

Before surgery, the team confirms which toe is being treated. Anaesthesia may involve numbing the toe or foot, often with sedation, or using general anaesthesia so you are unconscious.

The exact repair depends on the deformity.

For a flexible hammer toe, the surgeon may lengthen a tight tendon or transfer a tendon to help pull the toe into a straighter position.

For a rigid toe, the surgeon may remove part of the joint. This is called a resection arthroplasty. Another option is fusion, which removes the damaged joint surfaces and holds the bones together while they heal as one. The joint will no longer bend after a successful fusion.

A temporary wire, small screw, or implant may hold the toe straight. A wire may extend from the end of the toe for removal during a later clinic visit. Some operations use smaller incisions, but minimally invasive surgery is not suitable for every deformity.

The incision is closed and covered with a dressing. You may receive a stiff-soled surgical shoe

to protect the repair.

Recovery and what to expect afterward

Some aching, throbbing, and tenderness are expected when the anaesthetic wears off. Keeping the foot raised can reduce swelling. Take pain medicine only as directed by your surgical team.

You can usually eat normally after local anaesthesia. After sedation or general anaesthesia, begin with light food if you feel nauseated and follow the facility's instructions.

Your activity limits depend on the repair. Some people may put weight through the heel in a surgical shoe. Others must limit weight-bearing for a period. Avoid soaking the wound and do not remove or change the dressing unless instructed. Swelling may make the toe look wider or less straight at first and can last for several months.

Do not drive while taking medicines that make you drowsy, while wearing a surgical shoe, or until you can safely and quickly control the pedals. Your insurer may also have requirements.

Return to work depends on your job and travel. Desk work may be possible sooner if you can keep the foot raised. Jobs involving prolonged standing, walking, climbing, or safety footwear usually require more time away.

Risks and possible complications

Possible complications include:

Further treatment, including another operation, may sometimes be needed. Your personal risk is affected by circulation, sensation, smoking or nicotine use, diabetes, the type of repair, and how well the foot can be protected during healing.

- Wound infection or delayed skin healing
- Bleeding, bruising, or ongoing swelling
- Numbness, tingling, or painful nerve irritation
- Toe stiffness or loss of joint movement
- A toe that remains slightly bent, floats above the floor, or becomes overcorrected
- Return of the deformity over time
- Delayed bone healing or failure of a fusion to join

- Problems with a wire, screw, or implant
- Blood clots, although these are less common after small toe procedures
- Ongoing pain or pressure despite correction

Results and follow up

The toe's corrected position can usually be seen immediately, but swelling initially limits how the result looks and feels. Comfort and shoe fit are better judged after the tissues have healed and swelling has reduced.

Follow-up visits are used to check the incision, change dressings, and monitor alignment. Stitches are removed if they are not dissolvable. An external wire is usually removed in clinic after the surgeon decides that the toe is stable enough. X-rays may be used after a fusion or bone procedure to assess healing.

Keep routine appointments even if recovery seems straightforward. Ask when you can return to regular footwear, exercise, and unrestricted walking.

Alternatives

Non-surgical care avoids an operation and its recovery, but it does not permanently straighten a rigid toe.

Wider shoes with a deep toe box reduce rubbing but may not control pain from a fixed deformity. Pads or sleeves can cushion corns and pressure points, although they must not be tight enough to reduce circulation.

Toe exercises and stretching may help preserve movement in a flexible toe. They are less likely to change a stiff joint. Insoles or shoe inserts can redistribute pressure under the forefoot, but they do not directly correct the bent toe.

A podiatrist can safely reduce thick calluses and advise on footwear. Removing a corn without addressing the toe position usually provides temporary relief. Do not cut corns yourself, especially if you have reduced sensation or poor circulation.

If another condition, such as a bunion, contributes to the deformity, treating only the hammer toe may leave the underlying pressure unchanged. Your surgeon may discuss correcting both during the same operation or continuing non-surgical care.

When to call your healthcare team

Contact your surgical team promptly if you have increasing redness, warmth, drainage, wound opening, fever, or pain that is getting worse rather than improving.

Seek urgent advice if the toe becomes pale, blue, unusually cold, or increasingly numb, or if the dressing feels dangerously tight. Also seek urgent assessment for new calf pain or one-sided leg swelling.

Call emergency services for chest pain, severe shortness of breath, coughing up blood, fainting, or another rapidly worsening medical emergency.

Routine swelling, bruising, mild tenderness, and gradual changes in toe position should be discussed at your scheduled follow-up unless they suddenly worsen.

Common questions

Will I be asleep?

Not always. Some repairs are performed with local anaesthetic to numb the foot, often with sedation. More extensive surgery may use general anaesthesia. Your anaesthesia plan should be explained before the operation.

Can I drive home?

No. Arrange transport home, particularly if you receive sedation or general anaesthesia. You should not drive until you are no longer using impairing pain medicine and can control the pedals safely without restrictions from your surgical shoe.

How painful is hammer toe surgery?

Pain is usually most noticeable after the numbing medicine wears off. Elevation, protection of the foot, and prescribed or recommended pain relief can help. Pain that becomes severe or steadily worsens needs medical advice.

When will I know if it worked?

The toe will look straighter after surgery, but swelling can hide the final result. Comfort, alignment, and shoe fit are assessed over follow-up as the foot heals.

Will a pin stick out of my toe?

Some repairs use a temporary wire that extends from the toe. It is protected with a dressing and removed at a follow-up visit. Other repairs use an implant or screw that stays beneath the skin.

When can I wear normal shoes again?

This is decided according to wound healing, swelling, and the type of repair. When cleared, you will usually start with a wide, supportive shoe rather than a narrow or tight one.

Sources

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