



Lesser Toe Deformity Surgery

A Patient Information Guide — Hammer Toe & Related Conditions

What is a Lesser Toe Deformity?

The lesser toes — the four smaller toes alongside the big toe — can develop a range of deformities in which one or more toe joints become stuck in a bent, contracted position. These conditions are collectively referred to as lesser toe deformities, and the most common among them is the hammer toe.

They can affect any of the lesser toes, though the second toe is most frequently involved. Initially the toe may be flexible and passively correctable, but over time it often becomes rigid and fixed in its deformed position. Left untreated, these deformities tend to worsen gradually.



Hammer Toe Deformity

Hammer Toe

The middle joint of the toe (PIP joint) bends downward while the tip of the toe points upward. This is the most common lesser toe deformity and most frequently affects the second toe.

What Causes These Deformities?

Lesser toe deformities develop when there is an imbalance in the muscles, tendons, and ligaments that normally hold the toe in alignment. This imbalance causes certain tendons to tighten and contract, pulling the toe into an abnormal position. Contributing factors include:

- Ill-fitting footwear, particularly shoes that are too narrow or pointed at the toe, or high heels that force the toes into a cramped position
- A bunion on the big toe, which can push the second toe out of alignment over time
- An unusually long second toe relative to the big toe
- Previous toe injuries, such as fractures or sprains
- Certain medical conditions such as rheumatoid arthritis, diabetes, or neurological disorders that affect muscle balance in the foot

In many patients, more than one factor is at play, and it is common to have a hammer toe alongside a bunion or bunionette.



Non-Surgical Options

In the early stages, when the toe is still flexible and can be manually straightened, non-surgical treatment is usually the first approach. The goal is to relieve discomfort, slow progression of the deformity, and avoid the need for surgery where possible.

- Footwear modification — switching to wider, deeper shoes with a roomy toe box to reduce pressure on the affected toes
- Toe splints or toe straighteners to help hold flexible toes in a corrected position
- Padding and cushioning over prominent joints to protect against rubbing and callus formation
- Stretching and physiotherapy exercises to maintain flexibility and slow joint stiffening

It is important to understand that these measures manage symptoms but do not reverse the underlying structural change. If the deformity is already rigid (fixed), conservative treatment is unlikely to provide lasting relief, and surgery may be the more appropriate path.

When is Surgery Recommended?

Surgery is considered when a lesser toe deformity is causing ongoing pain, difficulty with footwear, or the development of painful corns, calluses, or open sores on the toes — and when conservative measures have not provided adequate relief.

Surgery can often be performed alongside other foot procedures on the same foot in a single operation, such as bunion correction or bunionette surgery. This means that patients with multiple foot concerns may be able to address everything in one recovery rather than several.

Dr Maritz will assess your individual deformity, whether it is flexible or fixed, and what combination of procedures offers you the best outcome.

The Minimally Invasive Approach

Dr Maritz employs a minimally invasive (keyhole) technique for the correction of lesser toe deformities. Rather than long open incisions, tiny precise cuts are used to access and correct the deformity with minimal disruption to the surrounding soft tissue. This approach leads to less post-operative pain, faster healing, and better cosmetic outcomes.

The specific procedure performed will depend on whether the deformity is flexible or rigid:



Why Minimally Invasive Surgery?

- Smaller incisions mean less tissue disruption and significantly reduced post-operative pain
- Reduced risk of wound complications and infection compared to open surgery
- Immediate full weight-bearing in a protective shoe
- Neater, less visible scars
- Can be combined with bunion or bunionette correction in the same operation

Your Recovery

Surgery is performed as a day procedure — you will go home the same day. Your foot will be comfortably numb from local anaesthetic and you will be provided with appropriate pain relief to take home.

Recovery at a Glance

Immediately after surgery

- Walk immediately in a flat, stiff-soled postoperative shoe (provided for you) — no crutches needed
- Elevate the foot for 40 minutes out of every hour to keep swelling to a minimum
- Keep bandages clean and dry until your first postop appointment
- Showering is permitted — use a waterproof bag (available from pharmacies) to protect the dressing

Follow-up appointments

- Week 1–2: Wound check, suture removal, and bandaging guidance
- 6 weeks: Clinical review to confirm healing; transition to normal footwear begins
- 6 months: Final follow-up to confirm full recovery

Return to normal activities

- Normal shoes: from approximately 6 weeks, once cleared by Dr Maritz
- Desk-based work: return after approximately 2 weeks
- Standing or walking work: at least 6 weeks
- Driving (left foot, automatic car): from 2 weeks | Driving (right foot): from 6 weeks
- Running and impact sport: from 3 months



Understanding the Risks

As with all surgical procedures, there are some risks involved. Dr Maritz will discuss these in detail at your consultation. The specific risks associated with lesser toe surgery include:

- Swelling — some swelling is normal and can persist for 3 months. It is well managed with elevation, ice packs, and appropriate bandaging.
- Wound complications — infection or scar sensitivity are uncommon, occurring in less than 1% of cases.
- Recurrence of deformity — toe deformities can occasionally recur over time, particularly in patients with contributing factors such as rheumatoid arthritis or an ongoing bunion.
- Nerve sensitivity — temporary altered sensation around the toe is possible. Permanent numbness is rare but can occur in a small number of patients.
- Stiff toe — some stiffness at the corrected joint is expected following arthrodesis (fusion), and is in fact the intended outcome of that procedure. Most patients adapt well and find this far preferable to a painful, deformed toe.
- Floating or “sausage” toe — some swelling and temporary stiffness of the toe is expected in the first few months. The toe will gradually settle into its corrected position as healing progresses.

Supporting Your Recovery

The following measures will help ensure the best possible healing and outcome:

- Do not smoke. Smoking has a significant negative impact on bone healing, wound healing, and the overall success of foot surgery.
- Take Vitamin D and calcium supplements as directed — these support healthy bone repair.
- Maintain a nutritious, well-balanced diet to give your body the resources it needs to heal.
- Take your prescribed pain medication regularly, especially during the first few days.
- Move your toes gently and regularly, and perform the knee and ankle exercises recommended by your physiotherapist.
- Wear the postoperative shoe as instructed for the full recommended period — removing it too early can compromise the correction.

Important: When to Contact Us

If you have any concerns after your surgery — whether about pain, the wound, swelling, a pin site, or anything else — please contact Dr Maritz’s rooms directly. Early communication allows us to address any concern quickly and keep your recovery on track.