# Second Opinion Report

*Jane Doe, 1/1/2019*

## Reason for second opinion:

I am interested in the best way to salvage a previously unsuccessful surgery

## Summary case history:

Jane Doe is 70-year-old woman, who has been experiencing left forefoot pain for many years. Per the provided medical reports, there is tenderness and pain at the left hallux metatarsophalangeal joint with rigidity. A diagnosis of hallux rigidus was assigned by the existing providers. Ms. Doe did attempt nonoperative treatment with injections and anti-inflammatories. However, as a result of the continued pain, she underwent surgery in November 2017. The provided surgery report indicates that a left hallux MP joint hemiarthroplasty was performed. Unfortunately, she did not get any relief from the joint replacement surgery. The pain is worsened with weight bearing activities. In addition, there continues to be rigidity at the joint despite physical therapy. As a result of the pain, Ms. Doe now walks with a cane and refrains from prolonged weight bearing activity. Ms. Doe did return to her surgeon to report her continued discomfort. The surgeon ordered a workup to rule out infection (which was negative) and then recommended salvage with a Keller resection arthroplasty.

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## Imaging:

Plain films and accompanying report, 3-views of the left foot weight bearing dated September 12, 2018 were reviewed. There is a loose hallux metatarsophalangeal joint hemiarthroplasty implant at the distal aspect of the metatarsal.

CT scan of the left foot dated September 28, 2018 imaging and report were reviewed. There is loosening of the hallux metatarsophalangeal joint hemiarthroplasty implant with some evidence of osteolysis.

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## Impression:

Painful left hallux metatarsophalangeal joint replacement with hardware failure.

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## Recommendations:

For pain relief from this failed surgical procedure, there are several options to consider. Non-operatively, one may consider fluoroscopic injections, anti-inflammatories and a custom insert (i.e. carbon fiber Morton's extension insert) to offload the painful joint. From the operative perspective, one may consider a Keller resection arthroplasty or a removal of the existing hardware with simultaneous fusion of the joint using bone graft.

A Keller resection arthroplasty may improve the pain at the affected joint, but the pertinent risk includes risk of hyperextension (cock-up deformity) at the large toe, weakness with push-off, and transfer metatarsalgia (pain transferred to adjacent second toe). Typically, one could weight bear immediately after surgery if the dressing is kept clean and dry until sutures are to be removed.

Another option includes removal of the failed hardware with simultaneous fusion of the hallux metatarsophalangeal joint with bone graft supplementation. The bone graft can be obtained from you and/or from the facility's bone graft bank. The risks of a fusion include a non-union (failure of the bones to fusion), mal-union (the bones may fuse at the wrong angle) or the hardware used for the fusion may fail. If this procedure doesn't adequately relieve the pain, then it could be converted to a Keller resection arthroplasty.

If you are interested in the fusion procedure and your current surgeon is unable or uncomfortable performing this procedure, please contact Vivien Health at www.vivienhealth.com to be connected with a nearby surgeon who will evaluate you in person.

Regards,
Rull James Toussaint, M.D.
Board-Certified, Orthopaedic Surgeon
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