

Patient Information Leaflet
Cartiva Implant for arthritis of big toe

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What is Hallux Rigidus?

Hallux Rigidus is arthritis of big toe. It is also referred as Hallux Limitus. The arthritis affects the main joint of big toe referred as Metatarso-phalangeal (MTP Joint). It is the commonest site of arthritis in the foot. The symptoms are pain, swelling and stiffness. The diagnosis is confirmed by X-rays, which show loss or reduction in joint space and excessive bone (osteophyte) on the top of the joint.

What is the treatment?

The treatment depends on the severity of arthritis. For early arthritis non surgical treatment in form of modification of shoe wear or activities, pain killers and anti inflammatory medicines and/or steroid injection can be useful. For moderate arthritis surgery in form of cleaning the joint (debridement) and removing excess bone (cheilectomy) can be performed. For severe arthritis the traditional surgery has been Joint fusion (Arthrodesis).

Is there any alternative treatment to avoid Joint Fusion?

Although joint fusion surgery (arthrodesis) is a very good operation for pain relief, many patients do not like the idea of joint fusion surgery as this leads to very stiff joint. An alternative treatment is using synthetic cartilage implant called Cartiva.

What is Cartiva?

Cartiva is a synthetic cartilage plug (polyvinyl alcohol hydrogel), which is comprised of material with properties similar to those of native cartilage. It is softer than metal and has similar strength that of human cartilage. It works as a spacer in the joint thereby separating the joint surfaces and therefore improves the pain and preserves movements.

What are the advantages of Cartiva?

The potential advantages are: Technically simple procedure, quicker recovery and no loss of movements of the big toe.

What are the disadvantages?

It is a relatively new technique and long-term results are not known.

Is there any scientific evidence?

There has been a multi-nation, multicenter study comparing Cartiva with Joint fusion surgery. At two years follow up there is no difference in outcome between the two procedures. The risk of failure of Cartiva at two years is 10%.

What can be done if Cartiva fails?

A failed Cartiva implant can be revised to Joint fusion surgery.

What does the surgery involve?

The surgery is performed as day case procedure under General or Regional Anaesthetic. The surgery lasts for about 30 minutes. The skin cut (5-6 cm) is made at the top of the joint. The joint is cleaned and excess bone is removed.

The damaged cartilage is removed and replaced with press fit Cartiva implant (8 or 10 mm). It does not require the use of metal or bone cement.

What is the recovery following Cartiva?

The patient is allowed to weight bear immediately after the operation. For the first two weeks the patient walks in a heel weight bearing shoe with/without the use of crutches. At two weeks the wound is inspected and full weight bearing in a comfortable shoe is allowed provided the wound has healed well. It is recommended that high impact activities should be avoided for up to 6 months after this surgery.

What are the surgical risks?

The risks include: anaesthetic risks, infection, clot, swelling, stiffness, damage to nerve or tendon, bleeding, no improvement in symptoms, failure of implant and revision surgery.