

## Foot and ankle surgery for arthritis

This booklet provides information  
and answers to your questions  
about foot and ankle surgery.



# What do I need to know about foot and ankle surgery?



For most people with arthritis-related problems in the feet or ankles, surgery is unnecessary. But if you're considering foot or ankle surgery you'll probably have lots of questions. In this booklet we'll explain when surgery might be needed and what you can expect from the process. We'll also look at what happens before and after surgery and suggest where you can find out more.

At the back of this booklet you'll find a brief glossary of medical words – we've underlined these when they're first used.

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# At a glance

## Foot and ankle surgery

### Do I need surgery?

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Most people with arthritis-related problems in their feet or ankles don't need surgery. The decision to operate will be based on:

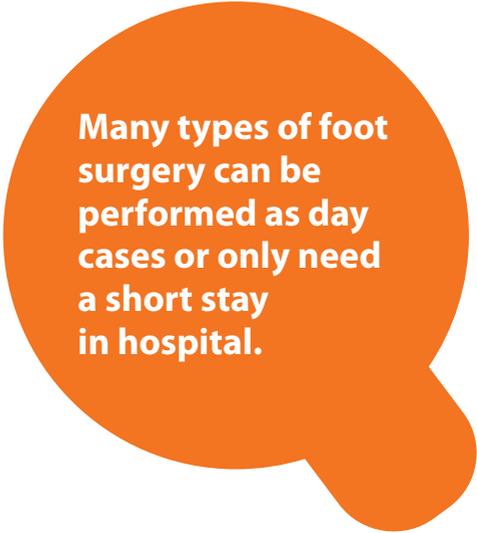
- how bad your symptoms are (pain or loss of function)
- your needs
- your response to other treatments.

### What are the common types of foot and ankle surgery?

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Conditions that may need surgery include:

- bunions
- hammer toes
- damaged metatarsal bones
- arthritis
- Achilles tendon disorders
- Morton's neuroma
- tibialis posterior dysfunction
- plantar fasciitis (although this is very rare).



Many types of foot surgery can be performed as day cases or only need a short stay in hospital.

### What are the possible advantages?

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The benefits of having surgery can include:

- pain relief
- improved function in your feet
- feet looking more 'normal' (this isn't always the case depending on the procedure).

### What are the possible disadvantages?

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The disadvantages of having surgery can include:

- reduced joint movement, depending on the operation
- replacement joints wearing down quicker than natural joints
- possible complications.

## **What are the possible complications?**

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Every possible care is taken to prevent complications, but in a few cases these do happen. They may include:

- increased pain
- infections
- stiffness
- haematoma (bleeding)
- reduced function
- altered or loss of feeling.



## How do the feet and ankles work?

Our feet are made up of 26 bones and more than 33 joints arranged in columns and arches that vary in stiffness and flexibility. Many common problems can occur in this complicated structure.

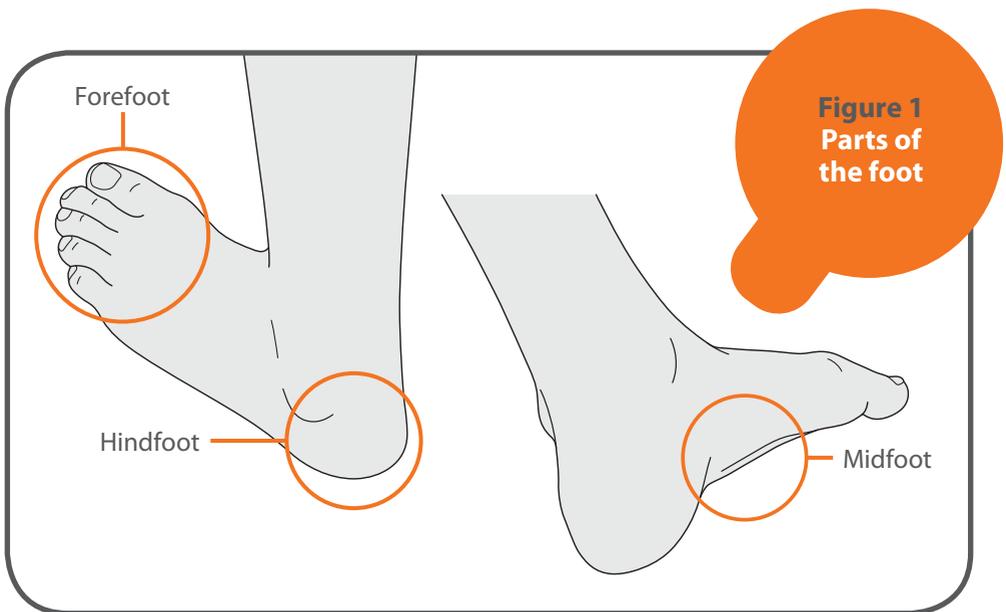
The foot is usually separated into three different parts (see Figure 1):

**The back of the foot (hindfoot)** is made up of your heel bone (calcaneus) and your ankle (talus). They're joined together by the subtalar joint, which allows your foot to move from side to side. Your ankle bone is joined to your leg bones (tibia and fibula) at your ankle joint, which acts like a hinge. This allows your foot to bend up and down (see Figure 2).

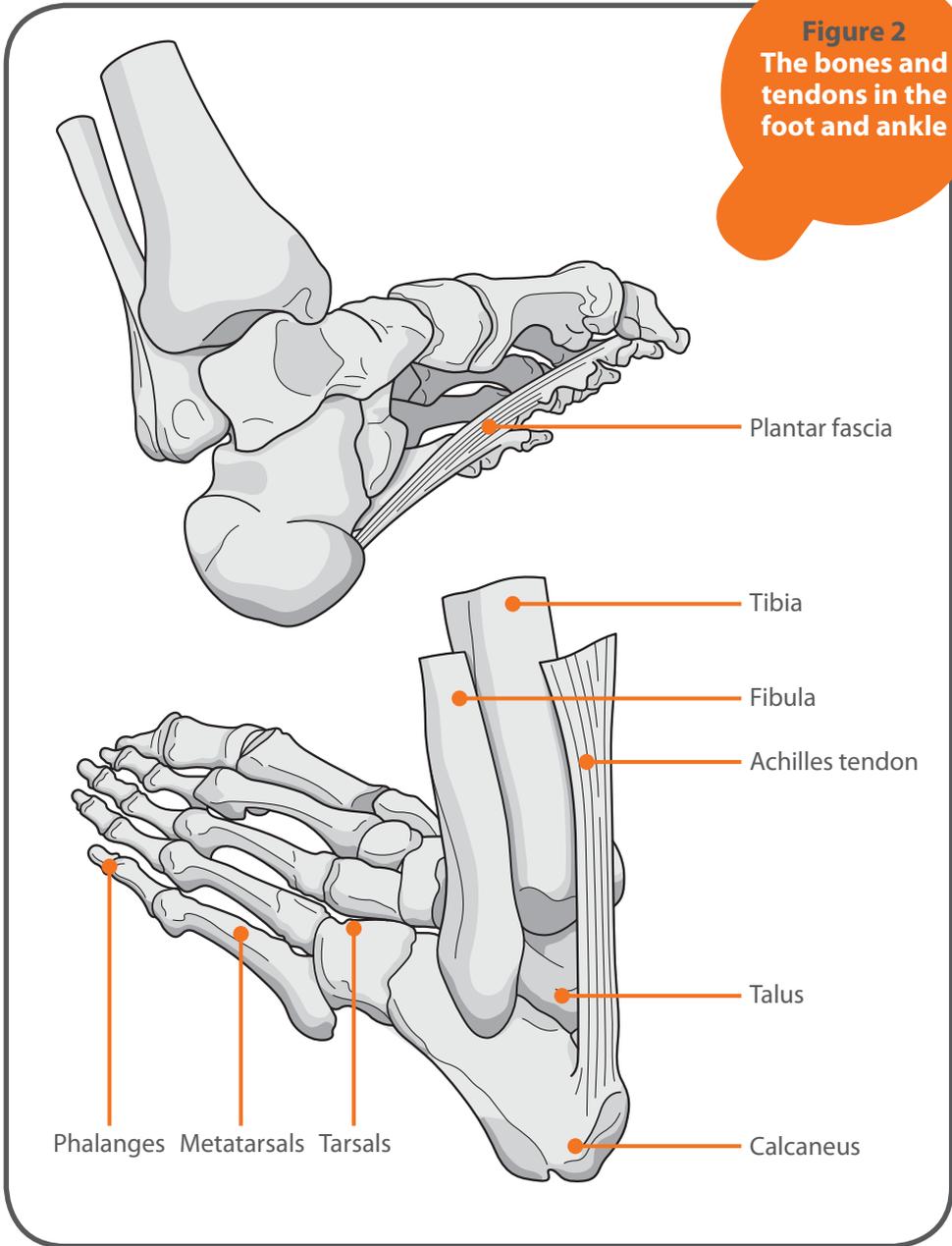
**The middle of the foot (midfoot)** is made up of five tarsal bones. These form the arch of your foot. The tarsals are connected to the front and back of your foot by muscles and the arch ligament (the plantar fascia). They act as shock absorbers when we're walking or running (see Figure 2).

**The front of the foot (forefoot)** is made up of your toe bones (phalanges), which are connected to five long bones (metatarsals) by joints (see Figure 2). The joints in your toes don't move very much. The forefoot takes half of your body's weight.

The muscles in your lower leg are attached to bones in your feet by tendons, and they control movement that allows us to stand, walk, go on tiptoes and jump.



**Figure 2**  
The bones and  
tendons in the  
foot and ankle





These muscles move the toes and control the position of your foot as it hits the ground, allowing it to become flexible and cushioning the impact. They also make the arches of your feet more rigid to push your body forward when you move.

Your heel bone is connected to the calf muscles in your lower leg by the Achilles tendon, which is the most important tendon for movement. The tibialis posterior tendon, which attaches the underside of your foot to your lower leg, helps support the arch of your foot and allows you to turn it inward (see Figure 2).

The main nerve of your foot controls the muscles in your sole and gives feeling here and to your toes. Other nerves give feeling to the top and outside edge of your foot.

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**i** See Arthritis Research UK booklet *Feet, footwear and arthritis*.

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## Do I need surgery?

Most people with problems in their feet or ankles won't need surgery. The decision whether to operate depends on a number of factors:

- how bad your symptoms are (pain and the effect this has on your life)
- your needs
- your response to other treatments, including drugs, orthoses and special footwear.

Discuss these with your healthcare professionals, who'll be able to advise you on whether they think surgery would be a suitable option. The decision whether to have foot and ankle surgery is usually based on lifestyle choices and the information given by surgeons rather than being essential in terms of life and death. But if your skin is affected or your feet are quickly becoming deformed, it's important to get an assessment for urgent surgery to avoid infection and alert your healthcare professionals to possible stress fractures. You'll always have the final decision on whether to have the operation.

**!** You may feel nervous, stressed or scared if you've been offered surgery. Finding out as much as you can about the operation and understanding the process will help you feel calmer and more in control.

## What are the possible advantages of foot and ankle surgery?

The main advantages of foot and ankle surgery can be:

- long-lasting pain relief
- better function and mobility
- a greater choice of comfortable footwear, depending on the procedure
- feet looking more 'normal', depending on the procedure.

Understanding what's involved in your operation will help you feel more relaxed and in control of your treatments.

## What are the possible disadvantages of foot and ankle surgery?

There are some disadvantages to foot and ankle surgery:

- Replacement joints aren't as hard-wearing or long-lasting as natural joints.
- Some operations restrict joint movement (although this doesn't mean that it'll reduce your mobility).
- You may not be able to use your foot properly for some time after the operation (for example, you may need to keep weight off your foot for three months after an ankle fusion). This can be a particular problem if you're likely to have problems getting around using crutches.
- Occasionally small nerves around the cut in your skin (the incision) can be damaged, leading to patches of numbness on your skin.
- There can be complications during surgery, for example swelling, stiffness or infection.

- In some cases where bones are joined (fused) together, the bones can take longer to fuse together than expected and you won't be able to use your foot properly during this time. Occasionally a non-union occurs and you may need further surgery.

## What are the alternatives to surgery?

Most people with foot and ankle problems will receive other treatments from their family doctor (GP), rheumatologist or podiatrist before they see a surgeon for an operation. These may include:

- exercise
- footcare
- drug treatments, usually painkillers (for example paracetamol) and non-steroidal anti-inflammatory drugs, or NSAIDs (for example ibuprofen)
- disease-modifying anti-rheumatic drugs (DMARDs) if you have rheumatoid arthritis
- steroid injections
- advice on footwear style
- insoles/orthoses and specially altered shoes.

If these treatments don't ease the pain then your healthcare professional may suggest you have surgery.

For more information on other treatments that you may wish to discuss with your healthcare professional before surgery,

see Arthritis Research UK booklet *Feet, footwear and arthritis*.

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**i See Arthritis Research UK booklet and drug leaflets** *Rheumatoid arthritis; Drugs and arthritis; Local steroid injections; Non-steroidal anti-inflammatory drugs; Painkillers*.

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## What conditions might need surgery?

Surgery can help with a number of foot and ankle conditions. Some of the procedures are listed on the following page.

Anaesthetic is a drug that's used during surgery to stop you feeling any pain. Different ways to give anaesthetic can be chosen for every procedure:

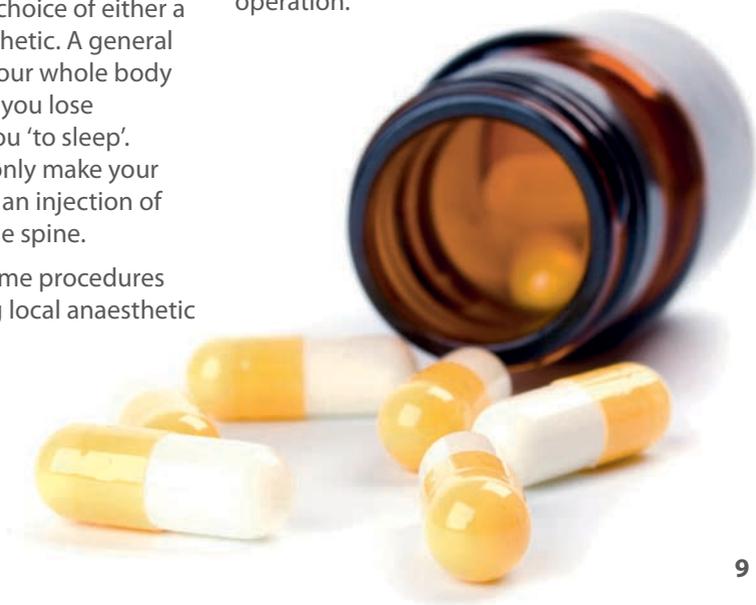
**General or spinal anaesthetic** – In most cases you can have the choice of either a general or spinal anaesthetic. A general anaesthetic will affect your whole body and will probably make you lose consciousness, or put you 'to sleep'. Spinal anaesthetic will only make your legs numb. It's given by an injection of local anaesthetic into the spine.

**Local anaesthetic** – Some procedures can be performed using local anaesthetic

on the affected area of the foot. This will mean you'll be awake during the procedure but you won't be able to feel anything. You can take a book or some music along to relax you if you like.

Your anaesthetist will discuss the best choice of anaesthetic with you before the operation. The type of anaesthetic used will depend on the operation and your health, as well as other issues that might affect your recovery (for example if you live alone and will have to look after yourself). You should talk to your surgeon if you have any worries.

Forefoot surgery can normally be performed as a day case. Hindfoot and ankle surgery usually requires two to five days' stay in hospital. Your surgeon will discuss how long you'll need to stay and what you'll need to do before surgery with you. This may include not eating or drinking for a few hours before the operation.



**The main advantages of surgery are pain relief, and improved mobility and function. Depending on the procedure, you may have a wider choice of footwear following surgery.**

**There may be some disadvantages, however, which you should discuss with your doctor or surgeon.**

## Bunions

Bunions are bony lumps that develop on the side of your foot and at the base of your big toe. They're the result of a condition called hallux valgus, which causes the big toe joint to bend towards the other toes and become deformed. If symptoms carry on over a long period, the toe may need to be surgically corrected. This involves straightening the big toe and metatarsals, a process called an osteotomy. Although this may make the joint stiffer, it works to ease the pain.

Most surgery can be performed as a day case and lasts less than an hour, although it can take longer. Your foot will be bandaged and you'll need to wear a Velcro surgical shoe for four to six weeks afterwards.

If your bunion has been caused by rheumatoid arthritis, you may also develop rheumatoid nodules. These firm, pea-sized lumps can occur at pressure points such as your big toe joints, the back of your heels or on your toes, but they can be surgically removed.

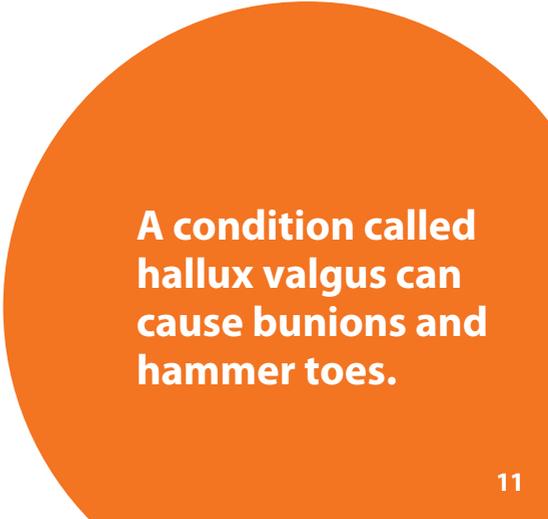
Sometimes swellings or bursae on the joints in the feet are also called bunions, but these aren't the same as bunions caused by hallux valgus and don't need surgery. A simple steroid injection should help if they become painful and inflamed.

Hallux valgus is different to hallux rigidus, which is osteoarthritis of the big toe joint. Hallux rigidus causes the big toe to become stiff and its range of movement is reduced. If treated early, surgery can be used to remove painful osteophytes (overgrowth of new bone) that can develop and allow more joint movement to return. In more advanced cases, fusion surgery can give excellent pain relief, although it will mean that the joint will no longer bend when you walk so you won't be able to wear high-heeled shoes.

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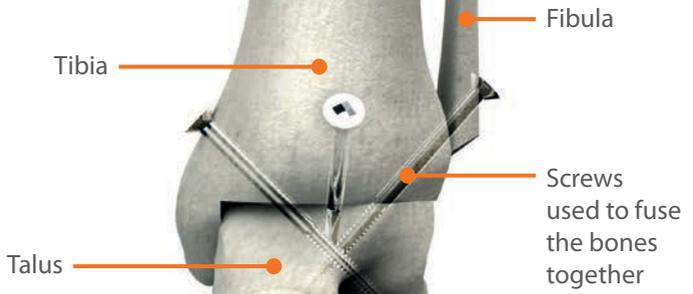
**i** See Arthritis Research UK booklet *Osteoarthritis*.

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**A condition called  
hallux valgus can  
cause bunions and  
hammer toes.**

**Figure 3**  
**An ankle fusion**



#### Hammer toes

As well as bunions, hallux valgus can also cause your other toes to become clawed or permanently bent. This condition is called hammer toes. Damage caused by hammer toes can be eased by:

- arthroplasty – removing the deformed joint between the toe bones (phalanges), which leaves the joint flexible
- arthrodesis – fusing the phalanges together, which leaves the toe more stable but means you'll only be able to wear flat shoes after the operation.

Both procedures are performed as day cases and last around an hour. Your stitches will be removed about two to three weeks following surgery and you'll need another dressing for two to six weeks after that. You shouldn't walk too much for the first three days.

#### Metatarsal damage

The joints in the forefoot can be damaged by inflammation of the lining of the joint (synovitis) in some forms of arthritis, for example rheumatoid arthritis. These small joints are called the metatarsophalangeal joints (MTPJ), and they can become dislocated when damaged by arthritis. The pain and discomfort this causes is sometimes described as feeling like you're walking on pebbles.

If your symptoms are severe and can't be controlled by other treatment, you may need surgery. The exact surgical procedure and the follow-up you need

after will depend on how severe the problem is, but often surgery to the big toe and removal of the heads of the MTPJs is carried out in order to make the foot more comfortable and walking easier. Your surgeon will be able to give you more information before the operation.

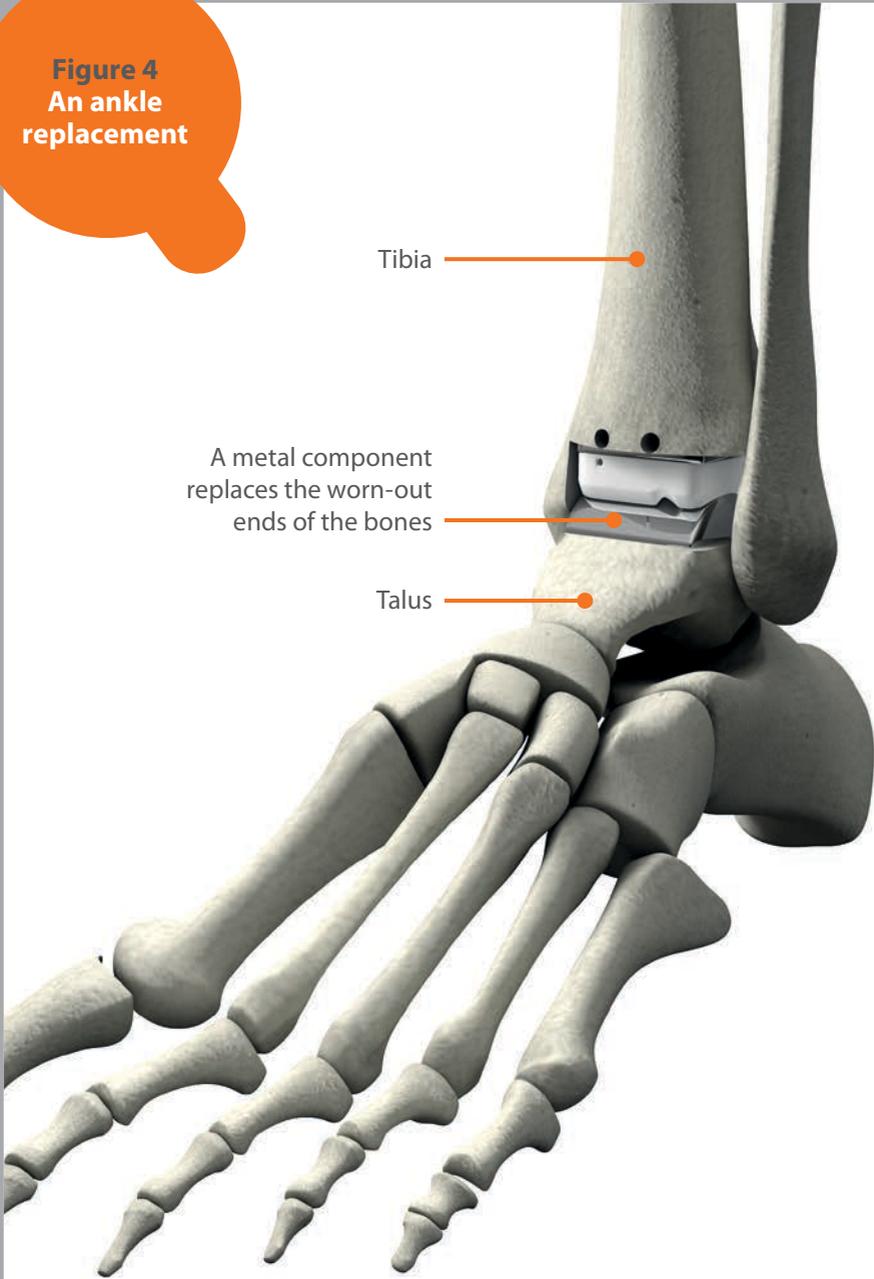
#### Ankle arthritis

Ankle arthritis is usually caused by osteoarthritis. This is where the cartilage covering the ends of your bones gradually roughens and becomes thin, and the bone underneath thickens. It can also be caused by damage from other rheumatic conditions, for example rheumatoid arthritis, or a previous injury to the area. This leads to pain, swelling and occasional deformity and restricted movement of the joint. Surgery may be needed in severe cases. There are three surgical options:

**Ankle fusion** – Ankle fusion involves removing the damaged ankle joint and fusing your talus bone to your tibia to form a stiff but pain-free ankle (see Figure 3). Your foot is fused at a right angle to your leg, in the position it would be if you were standing up. The bones are held together using screws, and new bone grows across, creating one bone where there were two. It normally takes between 12–14 weeks for the fusion to be complete and your bone continues to become stronger after this.

In some cases this procedure can be performed arthroscopically, which means it can be done through just a small incision, so your joint doesn't have to be

**Figure 4**  
**An ankle**  
**replacement**



opened up. This is also known as keyhole surgery. The procedure takes between one and two hours.

After surgery your ankle will be kept in a cast for between 6–12 weeks, depending on your situation. You should be able to wear normal shoes after the cast is removed, although some alterations are occasionally needed. It should be easier to walk normally or even more comfortably than you did before surgery if your other joints aren't affected by arthritis, but running isn't recommended.

**Triple fusion** – This is the surgical fusion of three joints (the talonavicular, subtalar and calcaneocuboid joints) either as a treatment for arthritis within these joints or as a method of correcting a stiff foot deformity. A combination of plates, screws or staples is often used to achieve this. Similar to an ankle fusion, it takes 12–14 weeks for the fusion to be complete.

**Ankle replacement** – An ankle replacement involves taking out the worn-out ends of your tibia and talus bones and replacing them with man-made (artificial) ends made out of plastic or metal (see Figure 4). Unlike an ankle fusion, a replacement allows the joint to move after surgery.

The procedure takes between one and two hours, and you'll normally need to stay in hospital for two days. Your foot will be put in a temporary cast afterwards but then it'll be bandaged and you may need a splint for support. This allows you to

## There are three surgical procedures for ankle arthritis: fusion, triple fusion and replacement.

move it fairly soon after surgery, but you'll probably need to use crutches for about six weeks.

Replacement ankle joints haven't been used for as long as replacement hips and knees, and they don't last as long, but they can last for about 10–15 years. Your [occupational therapist](#) or [physiotherapist](#) will advise you on how to take care of the new joint. As with all joint replacements, there's a chance that the new joint will wear away over time and it may need to be removed so you can have an ankle fusion. Fusion after a replacement is harder to do than a primary fusion and more bone may need to be removed. You may need a bone graft (where bone is taken from elsewhere in your body, normally your pelvis) to replace the removed bone. This is quite a common procedure, and ankle fusion following a replacement is usually very successful.

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**i** See Arthritis Research UK booklets *Occupational therapy and arthritis;* *Physiotherapy and arthritis.*

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### **Achilles tendon disorders**

The Achilles tendon is the largest tendon in your body, and the muscle in your lower leg puts a lot of force through it to make you move. As we get older it can start to wear, which can lead to painful swellings in part of the main tendon or where it attaches to the heel bone. Very occasionally surgery can be used as a method of treatment. This procedure is usually performed as a day case, and you'll need to wear a bandage and use crutches afterwards.

### **Morton's neuroma**

Morton's neuroma is a painful condition that involves a nerve that supplies feeling to two neighbouring toes. It most commonly affects the nerve to the third and fourth toes. For bad cases, surgery to remove the painful nerve can be successful. This can be done as a day case and you'll need to wear a bandage for two weeks afterwards.

### **Tibialis posterior dysfunction**

The tibialis posterior is a muscle that supports the instep arch shape. The tendon that connects this muscle to the bone can become inflamed, leading to pain and swelling on the inside of the ankle. Continual swelling can start to cause the tendon to weaken, which can lead to a flatfooted look over time. Occasionally, bad cases need surgery to

rebuild the instep arch, which can be very successful. In long-standing or untreated cases, three hindfoot joints may need to be fused (triple fusion) to ease pain.

Both operations take between one and two hours and you'll need to wear a plaster cast for 6–12 weeks after.

### **Plantar fasciitis**

The plantar fascia is a tough band of fibrous tissue that starts at the heel bone and stretches across the sole of the foot to the toes. Plantar fasciitis is inflammation at the site where the fascia attaches under the heel. Very rarely, bad cases may need surgery to release the plantar fascia from the heel bone.

This procedure is usually performed as a day case and it takes less than an hour. You'll only need to wear a bandage after the operation.

**Each type of foot and ankle surgery will involve different methods of aftercare.**

**You'll have check-ups after your operation so your surgical team can check how well you're recovering.**

## **How should I prepare for surgery?**

### **Pre-admission clinic**

Before the operation you'll be asked to sign a consent form that gives your surgeon permission to carry out the treatment. It's important to ask any questions you may still have at this stage. Ask the doctor, nurse or therapist to explain anything you don't understand. A doctor or nurse will check your general health to make sure there won't be any problems with a general anaesthetic if this is being used.

You should also discuss with your surgeon, anaesthetist or nurse at this pre-admission clinic whether you should stop taking any of your medications or make any changes to the dosage or timings before you have your surgery. Different units may have different advice.

- !** Remember to ask the doctor, nurse or therapist to explain anything you don't understand about your operation. This will help if you're feeling a little worried.

It's also advisable to have a dental check-up and get any problems dealt with well before your operation. There's a risk of infection if bacteria from dental problems get into your bloodstream.

## **What will my recovery involve?**

### **After the operation**

Different surgeons have different ideas about the treatment you'll need after an operation. This is affected by the type of operation and your health. You should discuss with your surgeon what to expect after the operation. Your nurse or physiotherapist will be able to offer support. You'll have an outpatient appointment after you've been discharged so your progress can be checked. Sometimes your GP will help with this aftercare. A district nurse may be asked to remove stitches and change dressings.

If you stopped taking any of your regular drugs or had to alter the dose before the operation, it's very important to talk to your rheumatologist for advice on when you should restart your medication.

### **Getting back to normal**

Make preparations before the operation – simple things like choosing clothes that are easy to put on, stocking up the freezer or arranging to have some help in the home will all make it easier to manage. It's a good idea to arrange help with

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### Foot and ankle surgery for arthritis

transport because you'll probably have to attend hospital regularly to see your surgeon, nurse or therapist.

An occupational therapist will be able to advise you before your operation if you have any concerns about coping afterwards. This might be particularly important if your condition affects your upper body and you think you might have difficulty getting around on crutches.

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**i See Arthritis Research UK booklet**  
*Everyday living and arthritis.*

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## What are the possible complications of foot and ankle surgery?

If you're generally healthy the risk of a serious complication from an operation is very small. Every care is taken to prevent complications, but in a few cases these do happen. Some people can develop an infection, so it's important to speak to your doctor straight away if you notice any signs of this, for example increased pain, redness and the affected area feeling warmer than usual or smelling unpleasant. Infections



can be treated with antibiotics. Some people may have swelling and stiffness, but physiotherapists and occupational therapists can help with exercises and other advice.

### **Bleeding and wound haematoma**

A wound haematoma is when blood collects in a wound. It's normal to have a small amount of blood leak from the wound after any surgery, and this usually stops within a couple of days. But occasionally blood may collect under your skin, causing a swelling. This can cause a larger but temporary leakage usually a week or so after surgery, or it may need a smaller second operation to remove the blood collection. Drugs like aspirin and antibiotics can increase the risk of haematoma after surgery.

! Remember, most people who have arthritis in their feet or ankles won't need surgery. But if you do, it's usually very helpful in reducing pain and improving foot function.

## **Glossary**

**Anaesthetist** – a doctor who is responsible for safely giving patients anaesthetic.

**Bunion** – a bony lump on the side of the big toe, caused by hallux valgus. Sometimes a swelling or bursa on the foot is also called a bunion.

**Bursa (plural bursae)** – a small pouch of fibrous tissue lined (like a joint) with a synovial membrane. Bursae help to reduce friction; they occur where parts move over one another, for example where tendons or ligaments pass over bones. Others, however, form in response to unusual pressure or friction – for example, with a bunion.

**Cartilage** – a layer of tough, slippery tissue that covers the ends of the bones in a joint. It acts as a shock absorber and allows smooth movement between bones.

**Disease-modifying anti-rheumatic drugs (DMARDs)** – drugs used in rheumatoid arthritis and some other rheumatic diseases to suppress the disease and reduce inflammation. Unlike painkillers and non-steroidal anti-inflammatory drugs (NSAIDs), DMARDs treat the disease itself rather than just reducing the pain and stiffness caused by the disease. Examples of DMARDs are methotrexate, sulfasalazine, gold, infliximab, etanercept and adalimumab.

**Hallux rigidus** – osteoarthritis of the big toe joint with a stiff, often painful, big toe.

**Hallux valgus** – a condition in which the big toe pushes across towards the other toes. It can cause deformities such as bunions and hammer toes.

**Hammer toes** – toes that have contracted into a clawed position. At first only the tendons are tight and the toes can still be

straightened by hand. Over time the joints become fixed in the contracted position. Hammer toes are sometimes known as claw, mallet or retracted toes.

**Inflammation** – a normal reaction to injury or infection of living tissues. The flow of blood increases, resulting in heat and redness in the affected tissues, and fluid and cells leak into the tissue, causing swelling.

**Ligament** – a tough, fibrous band anchoring the bones on either side of a joint and holding the joint together.

**Non-steroidal anti-inflammatory drugs (NSAIDs)** – a large family of drugs prescribed for different kinds of arthritis that reduce inflammation and control pain, swelling and stiffness. Common examples include ibuprofen, naproxen and diclofenac.

**Occupational therapist** – a trained specialist who uses a range of strategies and specialist equipment to help people to reach their goals and maintain their independence by giving practical advice on equipment, adaptations or by changing the way they do things (such as learning to dress using one-handed methods following hand surgery).

**Orthosis (plural orthoses)** – a device to help part of the body to work better. An orthosis is used to provide support or to adjust the mechanical function of a joint, for example for the foot or ankle. Most foot orthoses are insoles worn inside the shoe. They may range from very rigid

to soft depending on their purpose. Orthoses are also referred to as functional orthoses.

**Osteoarthritis** – the most common form of arthritis (mainly affecting the joints in the fingers, knees, hips), causing cartilage thinning and bony overgrowths (osteophytes) and resulting in pain, swelling and stiffness.

**Osteophyte** – an overgrowth of new bone around the edges of osteoarthritic joints. Spurs of new bone can alter the shape of the joint and may press on nearby nerves.

**Physiotherapist** – a trained specialist who helps to keep your joints and muscles moving, helps ease pain and keeps you mobile.

**Podiatrist** – a trained foot specialist with expertise in non-operative treatment of foot and ankle problems. The terms podiatrist and chiropodist mean the same thing, although podiatrist tends to be preferred by the profession. NHS podiatrists and chiropodists are registered with the Health Professions Council (HPC), having followed a three-year university-based training programme. The podiatrist or chiropodist can deal with many of the foot problems caused by arthritis.

**Rheumatoid arthritis** – an inflammatory disease affecting the joints, particularly the lining of the joint. It most commonly starts in the smaller joints in a symmetrical pattern – that is, for example, in both hands or both wrists at once.

**Rheumatoid nodule** – a small lump of tissue which forms under the skin. Nodules are most common on the elbows, where they're usually painless. Although they're less common on the feet they tend to be more troublesome when they develop there.

**Rheumatologist** – a specialist with an interest in autoimmune diseases and diseases of joints, bones and muscles.

**Tendon** – a strong, fibrous band or cord that anchors muscle to bone.

## Where can I find out more?

If you've found this information useful you might be interested in these other titles from our range:

### Conditions

- *Feet, footwear and arthritis*
- *Osteoarthritis*
- *Rheumatoid arthritis*
- *What is arthritis?*

### Therapies

- *Meet the rheumatology team*
- *Occupational therapy and arthritis*
- *Physiotherapy and arthritis*

### Self-help and daily living

- *Everyday living and arthritis*

### Drug leaflets

- *Drugs and arthritis*
- *Local steroid injections*
- *Non-steroidal anti-inflammatory drugs*
- *Painkillers*

You can download all of our booklets and leaflets from our website or order them by contacting:

### Arthritis Research UK

Copeman House  
St Mary's Court  
St Mary's Gate, Chesterfield  
Derbyshire S41 7TD  
Phone: 0300 790 0400  
[www.arthritisresearchuk.org](http://www.arthritisresearchuk.org)

## Arthritis Research UK

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### Related organisations

The following organisations may be able to provide additional advice and information:

#### Arthritis Care

Floor 4, Linen Court  
10 East Road  
London N1 6AD

Phone: 020 7380 6500

Helpline: 0808 800 4050

Email: [info@arthritiscare.org.uk](mailto:info@arthritiscare.org.uk)

[www.arthritiscare.org.uk](http://www.arthritiscare.org.uk)

Offers self-help support, a helpline service (on both numbers above), and a range of leaflets on arthritis.

#### Disabled Living Foundation

380–384 Harrow Road  
London W9 2HU

Phone: 020 7289 6111

Helpline: 0845 130 9177

Email: [helpline@dlf.org.uk](mailto:helpline@dlf.org.uk)

[www.dlf.org.uk](http://www.dlf.org.uk)

#### National Rheumatoid Arthritis Society (NRAS)

Unit B4 Westacott Business Centre  
Westacott Way, Littlewick Green  
Maidenhead SL6 3RT

Phone: 0845 458 3969

Helpline: 0800 298 7650

Email: [enquiries@nras.org.uk](mailto:enquiries@nras.org.uk)

[www.nras.org.uk](http://www.nras.org.uk)

#### Raynaud's & Scleroderma Association

112 Crewe Road  
Alsager, Cheshire ST7 2JA

Phone: 01270 872776 (for enquiries) or

0800 917 2494 (for information orders)

Email: [info@raynauds.org.uk](mailto:info@raynauds.org.uk)

[www.raynauds.org.uk](http://www.raynauds.org.uk)

#### Society of Chiropodists and Podiatrists (SCP)

1 Fellmonger's Path  
Tower Bridge Road

London SE1 3LY

Phone: 020 7234 8620

[www.scpod.org](http://www.scpod.org)

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## We're here to help

Arthritis Research UK is the charity leading the fight against arthritis.

We're the UK's fourth largest medical research charity and fund scientific and medical research into all types of arthritis and musculoskeletal conditions.

We're working to take the pain away for sufferers with all forms of arthritis and helping people to remain active. We'll do this by funding high-quality research, providing information and campaigning.

Everything we do is underpinned by research.

We publish over 60 information booklets which help people affected by arthritis to understand more about the condition, its treatment, therapies and how to help themselves.

We also produce a range of separate leaflets on many of the drugs used for arthritis and related conditions. We recommend that you read the relevant leaflet for more detailed information about your medication.

Please also let us know if you'd like to receive our quarterly magazine, *Arthritis Today*, which keeps you up to date with current research and education

news, highlighting key projects that we're funding and giving insight into the latest treatment and self-help available.

We often feature case studies and have regular columns for questions and answers, as well as readers' hints and tips for managing arthritis.

### Tell us what you think

Please send your views to:  
**feedback@arthritisresearchuk.org**  
or write to us at:  
Arthritis Research UK, Copeman  
House, St Mary's Court, St Mary's Gate,  
Chesterfield, Derbyshire S41 7TD

A team of people contributed to this booklet. The original text was written by consultant orthopaedic foot and ankle surgeon Mark B. Davies, who has expertise in the subject. It was assessed at draft stage by research fellow Michael Backhouse, consultant rheumatologist Dr Lorraine Croot, specialist podiatrist Lucy Edgson, consultant physician and rheumatologist Dr Elaine Morrison, consultant orthopaedic surgeon Prof. Amar Rangan and rheumatology nurse specialist Alison Wilson. An **Arthritis Research UK** editor revised the text to make it easy to read, and a non-medical panel, including interested societies, checked it for understanding. An **Arthritis Research UK** medical advisor, Prof. Mark Wilkinson, is responsible for the content overall.

## Get involved

You can help to take the pain away from millions of people in the UK by:

- volunteering
- supporting our campaigns
- taking part in a fundraising event
- making a donation
- asking your company to support us
- buying products from our online and high-street shops.

To get more **actively involved**, please call us on **0300 790 0400**, email us at **[enquiries@arthritisresearchuk.org](mailto:enquiries@arthritisresearchuk.org)** or go to **[www.arthritisresearchuk.org](http://www.arthritisresearchuk.org)**



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calls charged at standard rate

**[www.arthritisresearchuk.org](http://www.arthritisresearchuk.org)**

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