**Minimally Invasive Lesser Toe Surgery (Hammer Toe Correction/DMMO) - Mr Gordon (NHS)**

Antibiotics: IV on induction

X-Ray: Mini C-Arm with cover (or image intensifier if unavailable)

Position: Supine, calf pumps (no sandbag)

Skin Prep: Alcoholic Chlorhexadine in Mr Gordon’s Sterile Bag

Drape: Medium (ground sheet), Hand & Foot drape

Tourniquet: 4 inch Esmarch bandage, clipped with Kelly

Equipment: Wright Medical Burr Machine with sterile hand piece, irrigation tubing and saline bag

On Standby: Small electric powered drill with quick couple attachments

eg. Conmed Linvatec Drill (Handpiece Pro 6100), Foot De Soutter, Stryker

Burr: *Wright Medical:*

Hammer Toe Correction: Shannon burr 2mmx8mm

DMMO: Shannon burr 2mmx12mm

Disposables: Beaver blade (SM 64)

4 inch sterile Esmarch,

Saline wash with 2 x 20 ml syringes and 14G (orange) Abbocath arterial catheter

*Have on stand by:*

K-wires: 1.25mm, 1.6mm single ended K wire

Sutures: ½“ (blue) steristrips cut in half

Dressings: Small Tegaderm with pad or Opsite

Dressing gauze soaked in chlorhexidine

Peha-haft or Coban 10cm wide

Rigid flat black sandal (label inside at heel, M=male, F=female, Small/Medium/Large)

Post op Rehab: Rigid flat sandal 6 wks, Home same day if safe, FWB, F/up at 2 (wound review) + 6 wks (Xrays on arrival), Physio at 6/52 if necessary