

Butler's Procedure for Congenital Varus 5th toe

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The Butler's procedure

- * Originally designed by Butler in Cambridge,
- * Described by Cockin in 1968.



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Congenital varus 5th toe

1- The toe is small, hyper extended, externally and medially rotated

2- Overlaps on the 4th toe.



3-The MTPJ is subluxed d

Congenital varus 5th toe

4-The volar capsule adhered to the head of the metatarsal.

5-The extensor tendon is short, and displaced medially.

6-The 4th web space is contracted



The deformed little toe

A- Cosmetic concern

B- Shoe wear problems

C- Pain due to friction bursitis 50%

D- Both

PATIENTS

1980 - 2000

36 patients

48 Butler's procedure

Children's Hospital - Dublin

Jordan University Hospital - Amman.



**27 females and 9 males.
12 had bilateral procedures.**

Ages range (4-14 year), Mean age 9.2 years.

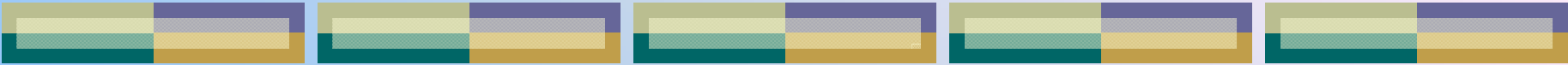


24 patient (30 feet) followed for 4-16 years

(average 10.5 years)

5 patients (7 feet) for 1-4 years

(average 2.5 years)



7 patients (11 feet) had chart follow-up for 1-2 y
(average 1.2 years)

19 patients (25 feet) were called for assessment clinic



The assessments depends

1-overlapping.

2- rotation

3- scaring .

4- range of movement of the 5th toe.

*Each foot was given a grade
excellent, good, or poor .*

An excellent result

- 1- absent overlap.**
- 2-normal toe rotation, faint scar.**
- 3- full range of movement.**

Good results

- 1- mild overlap, mild rotation , slight scar.**
- 2- subnormal movement.**

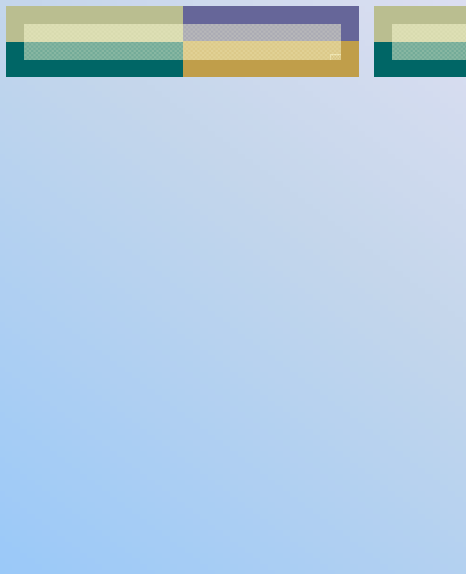
Poor results

- 1- severe overlap, severe rotation , contracture in the scar, or restricted movement**

The procedure



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Results

18 patients (22 feet, 59.46%)

graded good, their mean age 9.3 years.

11 patients (13 feet, 35.1%)

graded excellent, their mean age 8.6 years.

1 patient with bilateral feet (5.4%)

graded poor due to recurrence.



7 patients (11 feet)

chart follow- up 1-2 Y.

**satisfactory, straight toe, a symptomatic,
no deformity or scaring.**

6 patients (10 feet)

**graded good, their (mean age 8.53 years) one patient graded
poor due to recurrence in the first 6 M P.Op.**

Age at operation of different groups.

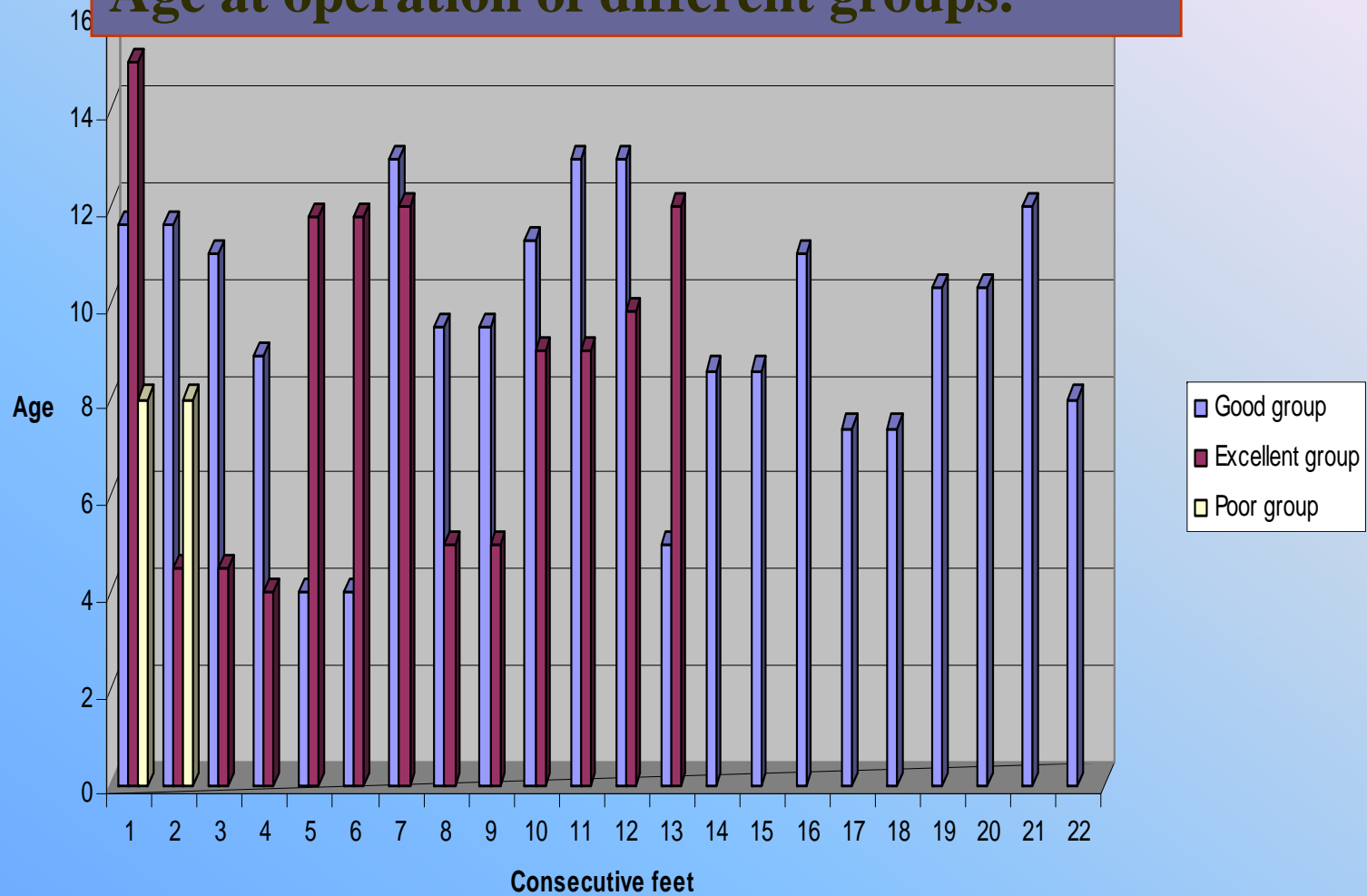
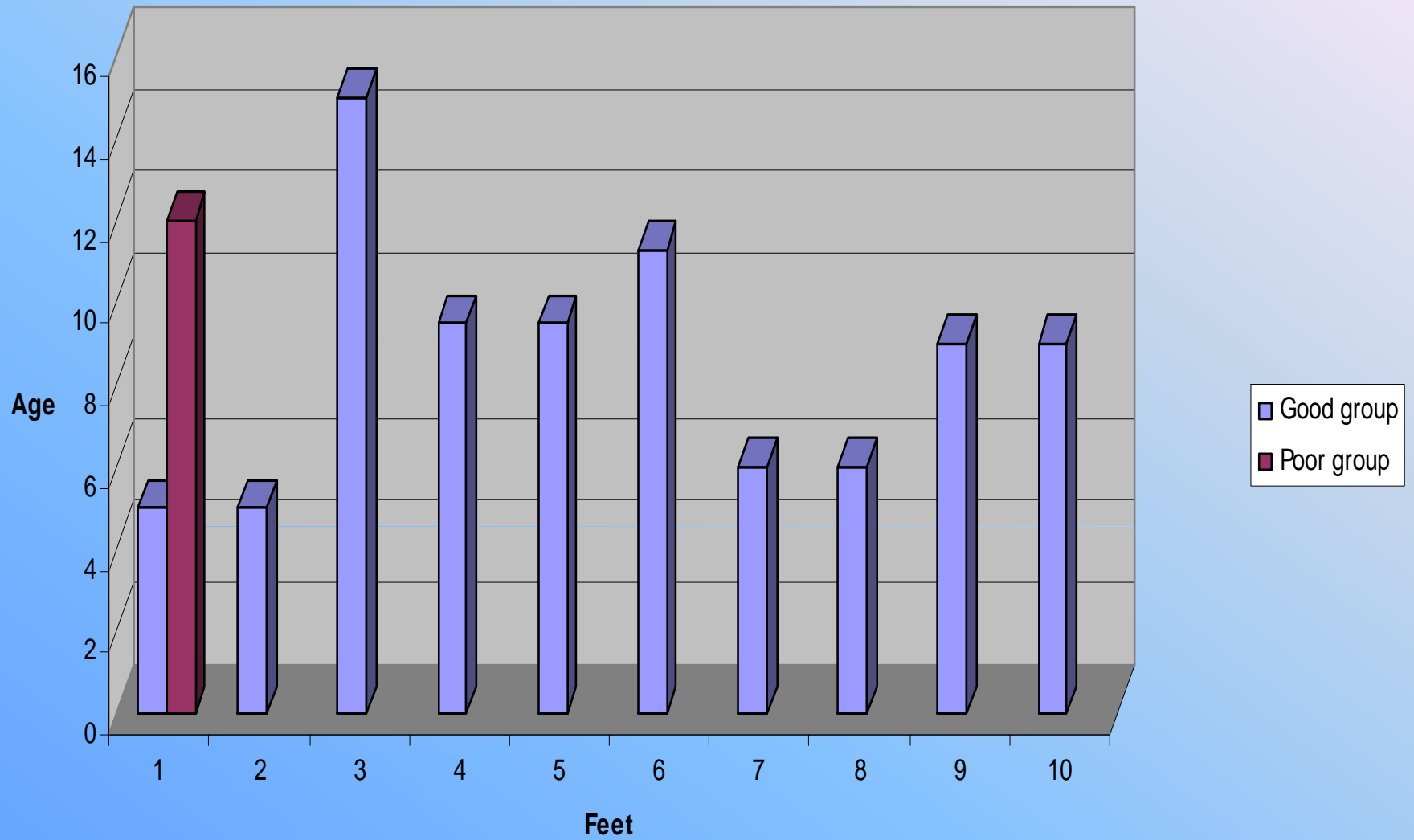
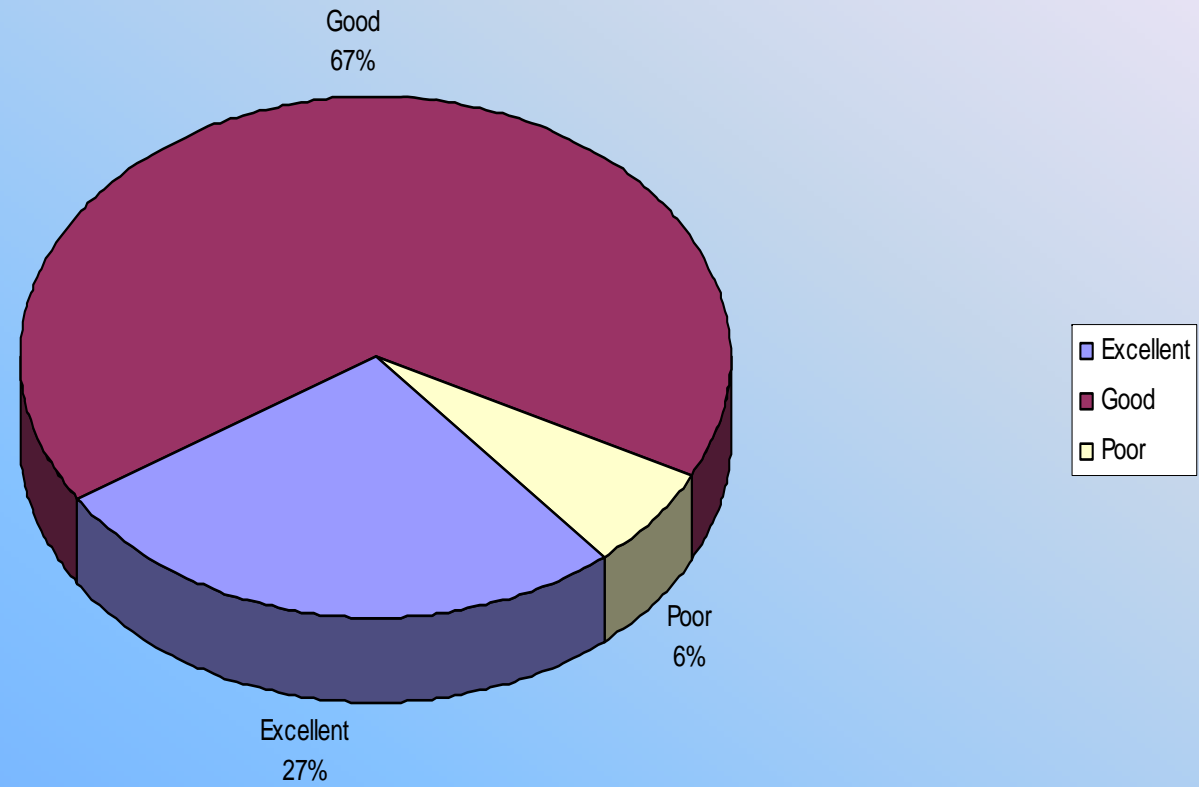


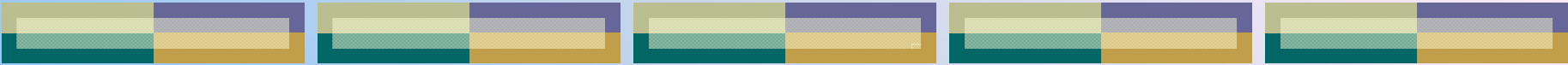
Chart follow up feet



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Outcome of all feet



CONCLUSION

- 1-A useful surgical technique
- 2-A significant high rate of success
- 3- Safe, very effective for all age group.
- 4- No serious complications.