

Bunion Surgery

Trauma and Orthopaedics

The purpose of this leaflet

Before you agree to any treatment it is advisable to obtain information about your condition. This means knowing what the problem is, the treatments that are available, the risks and also if there are any alternatives. This leaflet should help you to make a decision alongside discussion with your Doctor. Do mention any particular worries that you have and ask for more information at any time.

What is a Bunion?

A bunion occurs when the big toe starts pointing towards the 2nd toe resulting in a lump on the inner side of the big toe (a deformity) which can become swollen and painful. The term Hallux Valgus is Latin meaning great toe turning outwards.



What causes a bunion?

Bunions are often caused by muscle imbalance in the foot but they can also be caused by abnormalities in the foot mechanics or loose ligaments or can run in families.

Wearing high heels, tight or inappropriate footwear may contribute to the problem and make your pain worse.

The prevention of infection is a major priority in all healthcare and everyone has a part to play.

- Please decontaminate your hands frequently for 20 seconds using soap and water or alcohol gel if available
- If you have symptoms of diarrhoea and/or vomiting, cough or other respiratory symptoms, a temperature or any loss of taste or smell please do not visit the hospital or any other care facility and seek advice from 111
- Keep the environment clean and tidy
- Let's work together to keep infections out of our hospitals and care homes.

Consent

We must seek your consent for any procedure or treatment beforehand. Your doctor will explain the risks, benefits and alternatives where relevant before they ask for your consent. If you are unsure about any aspect of the procedure or treatment proposed please do not hesitate to ask for more information.

Benefits of Bunion Surgery

- Pain relief
- Improvement of symptoms
- Correction of deformity (abnormal shape)



Short Scarf and Akin Osteotomy with screw and staple

What are the risks of Bunion Surgery?

All operations and anaesthetics have risks and your Doctor will talk these through with you. Problems that can occur are as follows:

Complications of having an anaesthetic:

Bunion surgery is usually done under a general anaesthetic. This means that you will be given drugs to keep you asleep during surgery. You may also be given a local anaesthetic, known as an ankle regional block, to freeze your foot to reduce pain after surgery. Any operation can put a strain on your heart, brain, lungs and immune system. A small number of patients, around 1 in 200, can have a serious problem such as a heart attack, stroke or chest infection soon afterwards. This is more likely to happen if you already have heart or lung problems.

Pain:

Pain after the operation is to be expected, but in certain cases pain can continue in the long run and may move to other parts of your foot, especially to the ball of the foot (metatarsalgia). Further treatment including surgery may be required to deal with this problem.

Swelling:

Your foot may be swollen for many weeks or months and you may not be able to wear your normal shoes. Your shoe sizes may change after surgery.

Infection:

Infection of the wound can occur, especially if you have diabetes or circulation problems. This will be treated with antibiotics. Very rarely, in less than 1 in 100 patients, infection of the toe joint can happen. You may require further treatment including surgery to deal with this.

Infection prevention is taken very seriously in hospital. All staff, patients and visitors are encouraged to wash and clean their hands frequently. Please encourage anyone visiting you or staff making direct contact with you to wash or clean their hands. Hand gels are provided for this purpose.

Bleeding:

This is not uncommon after surgery. The risk of bleeding can be reduced by keeping your foot elevated on a pillow when lying down or on a stool when sitting. If your wound does bleed you will require a change of dressing in clinic.

Blood Clots or Thrombosis in the leg and/or lung:

You have a small risk of developing blood clots in the leg and lung following surgery. This is called deep vein thrombosis. There is a 1 in 2,000 chance that this may travel up to your lungs which can prove fatal.

In order to prevent these clots from developing you should exercise your foot as soon as possible by wiggling the toes, moving your ankle up and down and bending and straightening your knee, at least for five minutes every day time hour after surgery. Also, try and avoid long journeys, unless you can stop and take a short walk every 30 minutes, particularly in the first 6 weeks.

Some patients at higher risk may be offered injections after surgery to reduce the risk of developing these clots. Please ask your Doctor if you have any questions about blood clots.

If you develop calf pain and swelling, chest pain or difficulty in breathing after surgery you should contact your GP or the hospital immediately.

Smoking:

Smoking increases the risk of complications of wound and bone healing after surgery. You are strongly advised to stop smoking altogether or for at least 2 weeks before and 6 weeks after your operation to reduce these risks.

Scars:

You will have scars following surgery on the inner side of the big toe and in most cases a scar on top of the foot between the big and second toes. In some patients, scars can be unsightly and sensitive thus limiting footwear choices.

Stiffness of toes:

This is common after surgery and working through the exercises described in this booklet can help reduce this.

Numbness:

You may experience reduced or loss of feeling in the big and other operated toes. This can persist indefinitely.

Fracture:

This can occur during or after the operation. Your foot may have to be put in plaster. Unfortunately, your recovery will be delayed. Also, swelling can remain for many months.

Delayed or non-healing of bones:

This is uncommon but can occur, especially, in smokers. Pain and swelling can persist for weeks or months. Your foot may have to be put in plaster.

Reappearance of Bunion deformity:

About 10% of patients will find that their bunions can come back and may require further treatment including repeat surgery in a small proportion of patients if significant problems persist.

Under or Over correction of Bunion deformity:

In some cases, it may not be possible to fully correct the deformity and your bunion will still be visible. It is also possible that for some, the deformity would be over corrected and the big toe may drift in the opposite direction pointing away from the other toes (Hallux varus).

Prominence of metal work (screws / staples):

It is possible that some patients may find that the metal work can become prominent and painful. In order to deal with this problem you may need to have the metal work removed by surgery.

What alternatives are there?

There are different options available to treat bunions.

Non-Surgical Options:

For mild or painless bunions adaptations in footwear and the use of spacers to separate the toes should be considered. Wearing shoes wider at the front may relieve symptoms.

Hard skin under the ball of the foot can be treated with insoles or by the Podiatrist / Chiropodist.

Bunion Surgery:

For painful bunions your Consultant may recommend surgery to correct the deformity and offer pain relief. Bunion Surgery includes:

- Removal of the bunion (bunionectomy) – this alone will not correct the deformity and it is highly likely that a bunion will form again
- Correction of the deformity (osteotomy) with or without the release of soft tissues – this means cutting and resetting the bone. You will usually be offered a 'scarf' or 'chevron' osteotomy

Both of these operations involve cutting the bone and shifting them to correct the deformity. The bones are then fixed with one or two screws which usually do not need removal.

Often a further osteotomy known as 'akin' is required to complete the correction by removing a wedge of bone from the big toe. This is usually fixed with a staple or a screw which does not usually need to be removed.

How do I decide which treatment is best for me?

The choice about which treatment is best for you will be made together with your Doctor. This will be based on the risks and benefits of the treatment and consideration of your health, especially if you have conditions such as rheumatoid arthritis, osteoarthritis, gout, diabetes, poor skin health, or circulation problems.

What would happen if I decide not to have surgery?

The bunion deformity is likely to persist and may progress with time causing problems in the other toes.

What happens if I decide to have the operation?

You will be asked to attend the pre-assessment clinic to check your general health a few weeks prior to the operation.

What happens during the operation?

You will receive a letter asking you to attend the ward at a specified time. You will be seen by the surgical team, nurse and an Anaesthetist. You will be asked to change into a hospital gown. You will be walked to theatre. You will most likely be put to sleep (general anaesthesia). The operation lasts for approximately an hour.

What happens after the operation?

You will spend a short time in the recovery area of theatre until you are fully awake. You will then be transferred back to the ward.

Your foot will be covered with a bulky bandage to reduce swelling. You can help to avoid swelling by elevating the foot on a pillow when you are in bed and on a stool when you are sitting down for the first 4-6 weeks following surgery.

Will it be painful?

You will probably feel a little sleepy and your foot may feel uncomfortable. You will however be offered pain killers in hospital and for when you go home. You should take these regularly and as prescribed to control pain, especially during the first four to five days.

Will I need walking aids?

You will be given a special shoe, which fits over the bandages. It is specially designed for you to put your full weight on your foot. You may need crutches or walking aids at first to help your balance. The shoe is usually worn for four weeks.



When can I go home?

You should be able to go home on the day of your surgery provided your pain is under control, you are able to walk safely with or without crutches and once you are able to go up and down the stairs. Occasionally patients may have to stay overnight.

When do I start exercising after my operation?

It is important to elevate your foot on a pillow when you are in bed and rest it on a stool when you are sitting for the first six weeks after surgery. You should start exercising as soon as possible after surgery. A member of the Physiotherapy Team will give you advice about the exercises that you need to do.

The exercises will help to reduce swelling and stiffness, regain movement in the foot and ankle and reduce the risk of blood clots. It is usually recommended that you try and increase your activity over time:

During the first 2 weeks after surgery you should move your ankle up and down as much as you can and many times an hour. Wiggling your toes helps and you should bend and extend your knee regularly.

Between 2 to 6 weeks you should start increasing the number of times you do the above exercises, increasing over time.

Usually, you can stop wearing the special shoe after four weeks.

After six weeks you should be able to increase your levels of activity.

When do I return to the hospital?

An appointment will be made for you to attend a follow up appointment where you will have the stitches removed (usually after 10-14 days), a change of dressings, and an X-ray.

Any pins protruding from your smaller toes will be removed at 4 to 6 weeks.

Can I use the bath or shower?

You can, as long as the foot is covered with a plastic bag to prevent it from getting wet.

When can I drive?

In most instances you won't be able to drive for at least 4 to 6 weeks.

When can I return to work?

This depends on the job you do. If you have a job where you are mainly sitting down you will be able to return to work after around 3 to 4 weeks. However, if you do a more 'manual' job, especially one that involves standing for long periods of time then you may require 6 weeks or more off work.

When can I play sport again?

Please ask the Surgeon.

Contact number if you develop a problem after surgery

Should you experience any problems or would like to discuss anything further, please contact:

Fracture Clinic 01902 695380

Monday – Friday, 8.30am – 4.30pm

New Cross Hospital

Main Hospital Switchboard 01902 307999

Waiting List Co-ordinator 01902 694092

Monday – Friday, 9.00am – 4.30pm

Orthopaedic / Fracture Clinic 01902 695380

Monday – Friday, 8.30am – 4.30pm

Pre-Admission Clinic

Monday – Friday, 8.30am – 4.00pm 01902 695587

Ward A5 01902 695005

Ward A6 01902 695006

Beynon Short Stay Unit 01902 694049

Appleby Suite 01902 695588

Cannock Chase Hospital

Main Hospital Switchboard 01902 307999

Orthopaedic Pre-admission Clinic 01543 576589

Holly Bank ward 01543 576742

Hilton Main Ward 01543 576580

English

If you need information in another way like easy read or a different language please let us know.

If you need an interpreter or assistance please let us know.

Lithuanian

Jeigu norėtumėte, kad informacija jums būtų pateikta kitu būdu, pavyzdžiui, supaprastinta forma ar kita kalba, prašome mums apie tai pranešti.

Jeigu jums reikia vertėjo ar kitos pagalbos, prašome mums apie tai pranešti.

Polish

Jeżeli chcieliby Państwo otrzymać te informacje w innej postaci, na przykład w wersji łatwej do czytania lub w innym języku, prosimy powiedzieć nam o tym.

Prosimy poinformować nas również, jeżeli potrzebowaliby Państwo usługi tłumaczenia ustnego lub innej pomocy.

Punjabi

ਜੇ ਤੁਹਾਨੂੰ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਰੂਪ ਵਿਚ, ਜਿਵੇਂ ਪੜ੍ਹਨ ਵਿਚ ਅਸਾਨ ਰੂਪ ਜਾਂ ਕਿਸੇ ਦੂਜੀ ਭਾਸ਼ਾ ਵਿਚ, ਚਾਹੀਦੀ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਾਨੂੰ ਦੱਸੋ।

ਜੇ ਤੁਹਾਨੂੰ ਦੁਭਾਸ਼ੀਏ ਦੀ ਜਾਂ ਸਹਾਇਤਾ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਾਨੂੰ ਦੱਸੋ।

Romanian

Dacă aveți nevoie de informații în alt format, ca de exemplu caractere ușor de citit sau altă limbă, vă rugăm să ne informați.

Dacă aveți nevoie de un interpret sau de asistență, vă rugăm să ne informați.

Traditional Chinese

如果您需要以其他方式了解信息，如易读或其他语种，请告诉我们。

如果您需要口译人员或帮助，请告诉我们。