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Bunions (Hallux Valgus)



Bunion

What is a Bunion?

A bunion is caused by angulation of the big toe and is not a 'bump' on the bone. It is also known as hallux valgus and is far more common in women. It can sometimes be painful because of rubbing on the shoe or because of its shape itself. The big toe deviates towards the smaller toes and can sometimes cross over them. The big toe can rub on the second toe and the lesser toes can become deformed as a result. It is usually a hereditary condition. Wearing badly fitting shoes makes the symptoms of bunions worse.

What is the treatment?

There are surgical and non-surgical options to treat a painful bunion.

Non-Surgical options include:

- Wearing corn plasters, pads or toe spacers may relieve local pressure
- Wearing low heeled, wide fitting lace up shoes may also help to accommodate the bunion. Wearing high heeled shoes will worsen your symptoms.
- As some bunions may be caused by collapse of the arches or flat feet, arch supports, also known as orthotics may help in some cases.

If these options do not relieve your symptoms enough the deformities can be corrected with surgery.

The surgery, called a forefoot osteotomy, is usually carried out in Day Surgery under a general or local anaesthetic. There are several types of operations that can be performed. Your orthopaedic surgeon will discuss with you the type of operation that is best suited to your foot.

What are the surgical options for a Bunion?

There are several types of operations to straighten the painful big toe. These usually involve cutting one or more bones in your foot (osteotomies) changing their position and fixing in a new position with screws and staples to correct the position of the toe.

The most commonly used procedures in this hospital are:

- Chevron or Scarf osteotomies which are osteotomies of the 1st metatarsal
- Akin osteotomy which is an osteotomy of the phalanx of the great toe

These can be performed as open operations or minimally invasively through a series of smaller incisions. After these procedures you will need walk on your heel for 6 weeks whilst the bones heal in the new position.

Minimally invasive surgery is a relatively new innovation for toe deformities and the results are being closely monitored. Currently the results suggest that it is at least as good as open surgery and may be better. Occasionally during a minimally invasive procedure a complication may occur which requires that the operation is converted to an open procedure. You may be asked to fill out a questionnaire so that we can monitor our results.

For very large bunions or for those bunions associated with flat feet a procedure known as a Lapidus is performed. This is very similar to the above osteotomies but involves fusion (arthrodesis) of a joint in your foot. After this procedure you may be non-weight bearing on crutches for 2-6 weeks.

People who have Bunions can also have pain and clawing of their smaller toes. In these cases it may be necessary to straighten the smaller toe as well. Your orthopaedic surgeon will help you decide if this is required. This can be done at the same time as when your big toe is straightened.

What type of anaesthesia will be used?

Most surgical procedures are performed with a combination of local and general anaesthetic. This combination maximises the chances of returning home the same day following surgery and minimising pain. It is sometimes possible to have this surgery solely under local or regional anaesthetic. The surgeon and anaesthetist will discuss this with you on the day of surgery.

Are there any risks or complications?

- Stiffness of the toes
- Bleeding from the incision
- Delayed wound healing
- Infection
- Pain
- Injury to nerves – Numbness or tingling can occur at the wound or in the foot. This is usually temporary but in some cases it may be permanent.
- Blood clots – Deep vein thrombosis (DVT) or pulmonary embolism (PE) are rare. If you or your family have a history please let us know.
- Need for further surgery
- Re-occurrence of the bunion
- Over-correction or under-correction of the bunion, so that the big toe is too straight or not straight enough
- Complex Regional Pain Syndrome (CRPS)

Complex Regional Pain Syndrome

This is a rare complication following an operation to the foot. The exact cause is unknown but the main symptoms are persistent, burning pain which can be severe. The affected area is often very sensitive to touch and temperature change. The painful area is often swollen and the colour or temperature of the affected area may be different from unaffected areas. These changes can vary greatly even during the course of a day.

It is important to begin treatment for CRPS as soon as possible if the symptoms occur. This is done through a combination of pain-relieving medication and physical rehabilitation such as physiotherapy. Rarely these symptoms can be permanent.

What can I expect after the operation?

When you arrive back on the ward from theatre your leg will be in a bandage and a special post-op shoe. Your leg will be elevated to reduce swelling. Your foot will be numb due to the local anaesthetic block. This will gradually wear off over 24-48 hours. Occasionally blocks don't work or their effect is incomplete. If this is the case you will be given other types of pain killers if you let the recovery staff know.

Scarf, Chevron and Akin Osteotomies: You will be able to walk on your foot immediately but will be heel-weight bearing. This means that you will only be walking on the heel of your operated foot for the first 6 weeks. You may require crutches to walk in this manner and a physiotherapist will show you how to walk like this.

You will be seen in a dressing clinic in the first 2 weeks following surgery when the wounds are checked and a special splint may be applied to help maintain the correction. We would encourage you to start moving your toes as soon as the wound has healed (after approximately 14 days). It is important to exercise and get the toe moving after surgery. You will be shown the exercises to do in hospital.

Lapidus procedure: You may be non-weight bearing in a post-op shoe for 2-6 weeks after your operation or until the surgeon is happy that the joint is fusing. This means you will be hopping on the other leg. Your physiotherapist will assess you for an appropriate mobility aid (e.g. crutches or Zimmer frame) and teach you how to walk and do the stairs without putting your operated leg to the floor.

What happens after discharge from hospital?

It is very important to keep your leg elevated to above groin level for 50 minutes in every hour for the first 2 weeks following the operation. This greatly helps to limit swelling and reduce post-operative complications in particular infection and wound healing problems.

Try to keep your foot moving.

Your stitches will be removed if required approximately 2 weeks after surgery. Depending what type of procedure we perform you will be seen once or twice in the first 2 post op weeks. At the 2 week visit we usually apply a Darco splint. This is a cloth splint to help maintain the correction of position of your toes.

What do I need to do before the operation?

It is a good idea to get things organised for your discharge from hospital. Below is a list of things it might be a good idea to organise:

- Help with household tasks
- Food cupboards stocked up
- Help with shopping
- Help with children, pets and relatives organised for your return home
- Transport to and from hospital

When can I return to work?

If you have an office type of job and you are able to elevate the leg then you may return to work approximately 2-4 weeks following surgery. However, if your job is physically demanding and usually involves long periods on your feet then it is advisable not to return for up to 3 months. This decision will depend on where your type of employment falls between these 2 extremes.

When can I return to driving?

You must be free of pain and able to perform an emergency stop. This will also depend on which foot was operated on (right or left). If you have had left sided surgery and drive an automatic car you may be able to drive 2-4 weeks following surgery. Your insurance company must be notified regarding the type of operation that you have undergone to ensure that cover is valid.

Consent

If you do have surgery, we must by law obtain your written consent to this procedure beforehand. Staff will explain all the risks, benefits and alternatives before asking you to sign a consent form. If you are unsure about any aspect of the treatment proposed, please do not hesitate to speak with a senior member of staff.

What should I do if I have a problem?

If you experience severe pain, excessive swelling, discharge, excessive numbness or pins and needles please report it to your GP.

Further information and advice

For further information and advice please contact NHS Direct 24 hours a day on 0845 4647 or www.nhsdirect.co.uk