

Work

If you have an office based job then it may be possible for you to return after 2 weeks however it is more advisable to return after 6 weeks. If you have a more physical job then it may take 8-12 weeks.

Recovery

It often takes 6 months for all swelling to resolve following bunion surgery and so minor swelling late in the day is not unusual and should not be a cause for concern.

These notes are intended as a guide only and some of the details may vary according to your individual circumstances.

For more information

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RUH

Information for Patients

Bunion (Hallux Valgus)

Advice Sheet

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A bunion is a deformity of the big toe where instead of lying straight it bends towards the smaller toes. A bony prominence appears on the inside of the foot at the base of the big toe. This prominence often rubs on shoes causing inflammation and pain.

Once a deformity has appeared it often progresses but the rate of progression is highly variable. As the deformity worsens, pressure is exerted on the smaller toes, especially the second, which can become deformed and painful as they rub on the top of the shoe.

Cause

There is no single cause of bunions. They tend to run in families and you may be aware that your mother or grandmother had them. They are also commoner in women than in men. Shoes which squeeze the big toe, do not fit properly or have an excessively high heel can probably help to cause the deformity especially in people who are at higher risk anyway.

Treatment Options

As symptoms are usually due to pressure on the bunion the first step is to find comfortable shoes that give the front of the foot enough room. Patients may find that the bunions do not cause significant symptoms in the summer as sandals can be worn but that when the weather becomes colder and enclosed shoes are worn then symptoms will develop. Some patients find benefit in wearing pressure relieving plasters or inserts between their toes. All of these things can help to relieve symptoms but they will not stop the progress of the bunion.

If simple measures fail to provide acceptable relief of symptoms then surgery can be considered.

Walking

A special shoe has been supplied for you wear over your dressings which should be worn during the day for 6 weeks. A physiotherapist will show you how to use crutches and apply the shoe. It is necessary for you to walk by taking the weight on your heel so that you don't put pressure on the big toe. It is not necessary to wear this shoe in bed.

Follow-up

After discharge you will be seen after approximately 2 weeks when the dressings and the stitches will be removed. At this stage a removable fabric splint is normally applied and only rarely is it necessary to put a plaster around the foot. This decision is based on several factors which will be discussed with you. You will still need to wear the special shoe for 6 weeks. You will then be seen after 6 weeks when you will have an X-ray and if all is well you can discard the post-operative shoe. The foot is often slightly swollen at this stage and so a comfortable pair of loose fitting shoes or trainers will need to be worn and should be brought to the clinic. Sometimes it is necessary to refer you for physiotherapy and this will be and this will be arranged for you. You may then be seen, hopefully for a final check, about 3 months after the surgery.

Driving

You should not drive a manual car for 6 weeks following surgery. After this you should start gradually, to see if you are comfortable. It normally takes a few days to feel confident. If you have an automatic car and have only had the left foot operated upon then you may drive after 2 weeks.

- Anaesthetic

Surgery is usually performed under general anaesthetic and so you are asleep. This is incredibly safe but there are exceptional circumstances where an adverse reaction may occur which is dangerous, even life threatening. Certain patients have many medical problems which may increase the risk and so it may be necessary to be seen by an anaesthetist to further discuss the issues prior to being brought into hospital. All patients will be checked for fitness for surgery in our specialist pre-operative assessment clinic.

Discharge advice

Dressings

Your foot has been dressed with a wool and crepe bandage. This dressing should not be changed until you are seen at your first follow-up appointment after 2 weeks. The dressing must be kept clean and dry.

Elevation

It is very important that you rest as much as possible and keep your foot elevated for at least the first 48 hours after surgery. Try to avoid letting it hang down when sitting as this will lead to swelling and pain. This is most apparent within the first 2 weeks but swelling may occur for up to 6 months after surgery, especially after sitting or standing for long periods. In bed, put the foot on a pillow.

Analgesia

You will receive a prescription for pain medication on discharge. Pain is often due to swelling and this is eased by rest and elevation of the foot.

There is a myth that bunion surgery is very painful. This is probably because techniques commonly used until 10 years ago involved cutting the bone but not using any screws to stabilise it. This was indeed often painful but in all cases that are performed nowadays the bones are solidly fixed with screws. This means that the operation is much less painful than it was just a few years ago and that mobilisation is quicker as it is rarely necessary to use plaster after any bunion operation. When this is combined with local anaesthetic techniques then most patients are up and walking within hours of the surgery without significant discomfort.

Because of the potential risks, surgery is not advised purely for the appearance of the feet and unless the bunions are symptomatic, surgery should be avoided.

Surgery is also not advised because you may be concerned that your feet will get worse and become like your mothers or grandmothers. Surgery is performed because of the symptoms you have at the present time and not the deformity you may or may not have in the future.

Operation Details

There are several operations that can be performed to correct a bunion. The choice of operation will depend on several factors but will be the one most suitable to treat your particular bunion. The most common operation is known as a SCARF osteotomy.

Surgery is performed under general anaesthetic, usually as a day case. The procedure takes 45 minutes. The aim of surgery is to improve pain and function as well as the appearance of the toe.

Technique

A 4cm incision is made on the top of the foot between big and second toes to release the tight structures on that side.

An 8cm incision is made on the inner aspect of the foot over the bunion. Some of the underlying bony prominence is shaved off then the bone is divided so that it may be re-aligned. The bone is stabilised with 1 or 2 screws that are completely embedded within the bone. Because the screws are embedded you will not be able to feel them and they should not require removal at a later date.

It may be necessary to divide the bone at the base of the big toe to complete the correction. This is also stabilised with an embedded screw. The tissues are then stitched and a wool and crepe bandage applied.

Risks of Surgery

- Infection

This is always a risk when a cut is made in the skin. Every possible precaution will be taken and intravenous antibiotics will be given at the start of the operation. In the vast majority of cases it will be eradicated with a course of antibiotics.

- Recurrence

The risk of recurrence is higher the younger you are. However, with well performed surgery, the risk is low. Bunion surgery can be repeated if the deformity recurs.

- Over-correction

So that the big toe points inwards. This is rare but may occur and require further surgery.

- Stiffness

The big toe is often slightly stiffer but this does not usually create any problems for non-athletes/dancers.

- Numbness

There are small nerves in the area of the surgery which may be damaged. If this occurs it causes a small area of reduced sensation on the top of the big toe. This often improves with time but may be permanent.

- Scar sensitivity

This is helped by massaging the scars regularly to de-sensitise them and usually settles.

General considerations

- Swelling

Feet tend to swell after surgery. Excessive swelling causes pain and increases the risk of complications. The best way to prevent this is to elevate the feet as much as possible.

- Smoking

Smoking leads to a huge increase in surgical risk, particularly affecting wound healing and infection (16 times higher). It is strongly advised that you stop smoking prior to any surgery.

- Blood Clot

A blood clot in the deep veins of the leg (deep vein thrombosis /DVT) may occur following foot and ankle surgery but is rare. There are many factors to take into account when considering the level of risk and it may be necessary to give injections or take medication to reduce the risk. There is a very small chance that the clot may break off and travel to the lungs (pulmonary embolus/ PE) and this can be dangerous, even life threatening. If you feel that the calf has become swollen and painful or you become breathless then seek medical attention immediately.