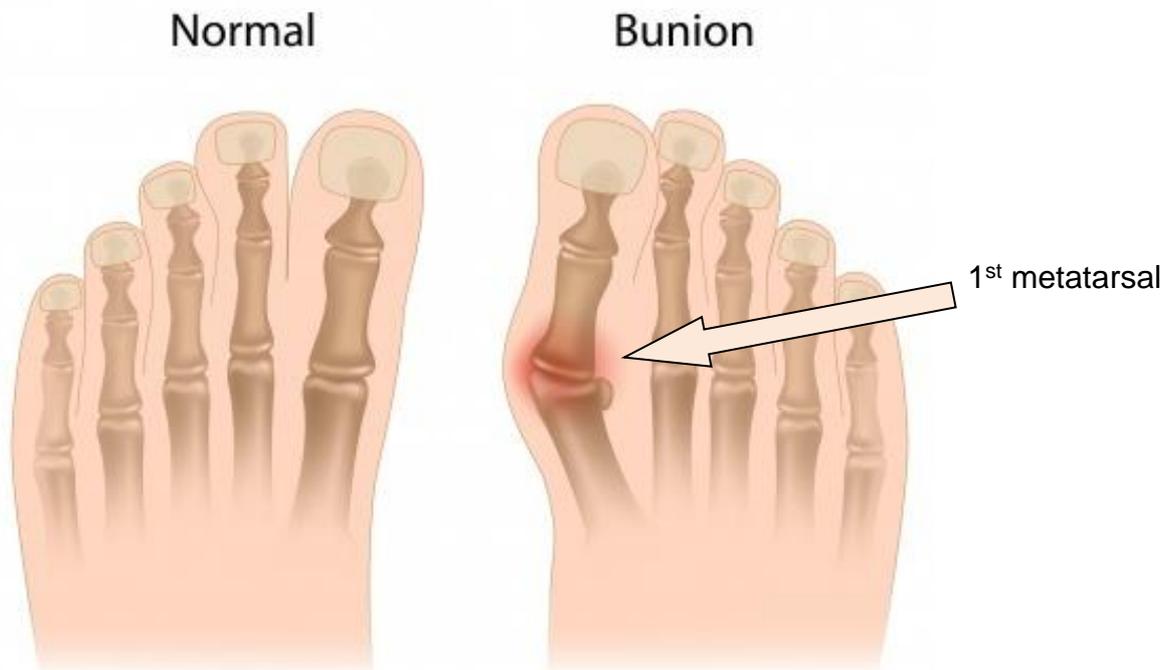


## PATIENT INFORMATION

# Bunion Surgery - Metatarsal Osteotomy

### What is a bunion? (Hallux Valgus)

A bunion, (Hallux Valgus) is a lump at the base of the big toe caused by sideways drifting and angulation of the big toe. A bunion is not a 'bump' on the bone; it is caused by angulation of the bones in the foot. Sometimes it is painful in itself, but more commonly it causes symptoms by pressure on shoe-wear, or on occasions by crowding or crossing the smaller (lesser) toes. The second toe can become so crowded that it becomes 'clawed,' and crosses over the big toe.



### What causes bunions?

Bunions can occur gradually over time due to the way each foot absorbs force during walking. The bunion prominence is not due to any growth of bone but is due to the 1<sup>st</sup> metatarsal bone. With a bunion this has moved away from its immediate neighbour the 2<sup>nd</sup> metatarsal. This widens the forefoot thus producing the bunion. Most patients with bunions have a positive family history.

## **Is surgery the only way to treat bunions?**

Although bunions cannot be eliminated without surgery, they can be managed initially non-operatively. Shoes with a wide non-constrictive toe box can be quite helpful in reducing the irritation over the prominent bunion as does wearing 'corn plasters' or 'pads'. Early and mild bunions may also respond to the application of insoles, splints, braces or toe spaces, although the effects are often short-lived. Some bunions are caused by flat foot and collapse of the arches. These can be helped by arch support shoe insoles.

More severe bunions can only be corrected by surgery. Surgery should only be undertaken if the symptoms are significant and appropriate non-operative management has been considered. The surgery is usually carried out under a general anaesthetic, with local anaesthetic being used to reduce the amount of general anaesthetic required. Surgery is usually performed either as a day-case, or with an overnight stay in hospital.

The type of operation chosen by your surgeon depends on the severity of the bunion, the shape of your foot, and other factors, such as if you have arthritis in the joint.

An operation is usually successful at easing symptoms, but not in all cases. It is not always possible to relieve the pain completely or make the toe perfectly straight. Your specialist will be able to advise you on the pros and cons of surgery, and the success rate of the chosen operation. Continued pain, infection and recurrence of the bunion are some of the complications of surgery of which you need to be aware.

## **How is the bunion corrected?**

Bunion surgeries involve an operation where the bone at the base of the toe (the metatarsal bone) is divided and replaced into the correct position. The bony bump is usually trimmed at the same time. The operation aims to strengthen the great toe, and narrow the forefoot. Because the operation involves dividing the bone, it has to be held in position while the bone heals together again. In the majority of cases small screws and or staples are used. Often the big toe is corrected as well, a procedure known as an 'Akin Osteotomy'. This procedure allows the bones of the big toe to be repositioned also.

Most surgeries take about 1 hour to perform and can often be performed as a day case operation. Bones take a minimum of 6 weeks to heal. To protect the healing phase when mobilising, the foot is protected in a special post-operative shoe during this time.

## **What can I expect after the operation?**

After the operation, your foot will be protected in a bandage which will remain in situ for the next 2 weeks. Your foot will swell following surgery and may be painful. In order to minimise swelling and reduce pain, you will need to keep your foot up after the operation and take regular pain killers(if required). You will be given a special shoe to wear after surgery. This should be worn at all times when mobilizing. At approximately 2 weeks you will attend clinic to have your foot assessed and any stitches removed. At approximately 6 weeks after your surgery you will attend clinic to be reviewed again. You may also have an x-ray of your foot. You may be discharged from further routine follow up at this appointment.

## **What can I do once I am discharged from hospital?**

For the first two weeks you will need to rest your foot up most of the time. When the foot is lowered it will throb and swell causing pain. This should be avoided as much as possible. With time, the period you can keep the foot down will increase. At around two weeks after surgery, you will return to the clinic for removal of stitches. Two to three weeks after the operation you should be able to keep your foot down most of the time.

After surgery, due to scar tissue, your toe may become stiffer. About 6 weeks after surgery it is important to exercise or mobilise the toe to reduce the risk of the toe remaining stiff. You will be advised of the exercises and when to begin them at your out-patient appointment.

On average, you should expect to spend six weeks using the post-operative shoe. It is usually three to six months from the operation before you can hope to resume recreational walking or light sporting activities.

If you are slower than these times do not panic, they are only averages, but let your clinician know when you attend the clinic. Bunion surgery can have an overall recovery time of 6-12 months before you feel the full benefit and are able to resume full activities.

## **Are there any risks or complications?**

Although the operation produces good results in most cases, complications do occur. Although great care is taken with the operation and aftercare, a small number of people (up to 10%) may have a less than perfect results due to problems such as:

- 1 Recurrence of the bunion
- 2 Over-correction of the bunion, so that the big toe points inwards.

- 3 Sensitisation, numbness and pain in the foot due to damage to the small nerves or blood vessels in the foot.
- 4 Non-healing of the bone.
- 5 Stiffness of the big toe.
- 6 The screws become prominent and require removal at a later date.
- 7 Weight transfer to the second toe (a corn under the second toe).
- 8 Infection of the skin, and rarely of the bone.
- 9 The complications of any surgery such as thrombosis (a blood clot) and anaesthetic problems.

Most problems can be treated by medications, therapy and on occasions by further surgery, but even allowing for these, sometimes a poor result ensues. For this reason we do not advise surgery for cosmetic reasons. The level of symptoms before surgery must be worth the risk of these complications. We also advise against prophylactic surgery (surgery to avoid problems that are not yet present).

You can reduce the risk of complications by preparing yourself and your foot, as described in our handout 'preparing for foot/ankle surgery'.

If you are at particular risk of complication, this will be discussed with you. If you have any general or specific worries, you should ask the doctor treating you who will explain it to you.

### **How do I know if I have a complication?**

It is important that you notify a doctor if you get a significant increase in pain after you go home, and particularly if the pain does not settle with elevation and mild painkillers, as this may indicate early infection. Similarly if you get swelling of the leg or foot which does not settle when the foot is elevated you should seek medical advice.

Some problems such as recurrence of the bunion become obvious with time.

### **Special Note**

These guidelines are intended to help you understand your operation, and to help you to prepare yourself and your foot for it. Some patients will want to know more details. Please ask, and we will be happy to add additional notes or comments for your

assistance. Above all else please do not proceed with surgery unless you are satisfied you understand all that you want to about the operation.

Finally, this level of detail may cause some patients worry, concern, or uncertainty. Please let your doctor or specialist practitioner know if this is the case, so we can address the matters of concern.

A dedicated orthopaedic helpline contact number is below should you need advice outside of your inpatient stay or outpatient appointment.

### **Who can I call for help or advice?**

Orthopaedic Practitioner Advice Helpline	01284713924
Pre-Admission Clinic	01284 712810
Physiotherapy Department	01284 713300
Occupational Therapy Department	01284 713560
Community Equipment Stores (OT)	01284 748826

*If you would like any information regarding access to the West Suffolk Hospital and its facilities please visit the disabledgo website link below:*

*<http://www.disabledgo.com/organisations/west-suffolk-nhs-foundation-trust/main>*