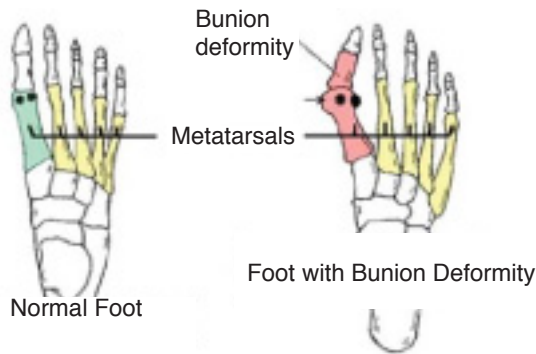


Bunionectomy



A bunion is a bony prominence over the outside of the big toe joint and usually associated with deviation of the big toe (hallux) towards the second toe (hallux valgus). There are several causes. Often there is a family history of bunions (most common). Footwear may also contribute to formation of a bunion. Occasionally a bunion can result from an injury or repetitive stress associated with some sports.

In and of themselves, bunions do not require surgery. The reason for undertaking an operation is to reduce pain or to hinder progression by correcting the deformity. The decision to operate is therefore dependent upon whether the patient experiences painful symptoms, has appreciated progression of the deformity, or the deformity is thought to be causing symptoms in other areas of the foot. It may be undertaken if careful choice of footwear cannot control the symptoms. In other words we do not perform the surgery purely for cosmetic reasons (as the risks of surgery do not justify this).

Details of the Surgical Technique:

- **Austin bunionectomy:** This is the most common type of bunionectomy. This is a chevron shaped cut in the first metatarsal bone and the bone shifted over to straighten the big toe. This is usually held with small screws. This technique involves a cut on the inner border of the foot and is often combined with an 'Akin' osteotomy which completes the correction of the big toe by making a corrective cut at the base of the big toe which is fixed in position using the same screws.
- **Fusion 1st tarsometatarsophalangeal joint (Lapidus) –** Used in severe deformities with/without hypermobility in the midfoot (overly mobile joints in the middle part of the foot). The fusion (gluing of two bony surfaces) is carried out at the joint at the base of the 1st metatarsal between the 1st metatarsal and the medial cuneiform. The articular surfaces are removed and the exposed bony surfaces compressed against each other using a combination of screws / plates/ external fixator. At the same time, the bones are positioned in order to correct the bunion and toe deviation. The 2 bones are intended to heal up as one across the joint.

- The toes will remain puffy / swollen for about 3 months.
- **Closing base wedge osteotomy-** This involves the same skin cuts as the above SCARF technique but the bone cut in the first metatarsal is further back along the bone and is usually fixed using a plate and/or screws. This operation is performed for more severe deformities.
- **Fusion 1st metatarsophalangeal joint –** Used in severe deformities or if significant arthritis present (see separate information sheet).

General Recovery Facts

- Operation performed under IV sedation or general anesthetic with local block.
- Your weight bearing status will be determined by the type of surgery you have.
- If in a removable boot or surgical shoe (heel wedge shoe) at all times.
- You may not walk on the foot at all even in the house without this boot/shoe.
- The boot or surgical shoe is typically worn for 6 weeks.

What Are The Alternatives to Surgery?

- To accept your symptoms and try and live with them. Sometimes the bunion becomes worse (they do not get better with time) but this is variable and severity of symptoms also varies from person to person.
- Splints - these may sometimes be helpful in trying to make the foot more comfortable but do NOT correct the deformity and most patients do not find these useful.
- Careful choice of shoes. Most people do not have symptoms from their bunion when barefoot and so choosing a broad enough shoe often helps with controlling/reducing symptoms from a bunion. Custom made shoes can be arranged. Shoes can also be stretched which can be helpful. Choice of shoes or their modification is important to try before considering going ahead with an operation (as it may give sufficient relief to avoid an operation).

Sick Leave

In general, 2-4 weeks off work is required but this depends upon your occupation.

Driving

If you have an AUTOMATIC VEHICLE and ONLY LEFT leg surgery then it is likely you will be allowed to drive after your outpatient review at 2 weeks post surgery. IF you have a MANUAL VEHICLE or RIGHT leg surgery then you will NOT be able to drive until 6 weeks post surgery.

These notes are intended as a guide and some of the details may vary according to your individual surgery or because of special instructions from your surgeon.