

What to expect

Expected hospital stay:

2-3 nights. You are discharged when you are confident and comfortable.

Anaesthetic:

A combination of an ankle block and general anaesthetic is used for the surgery.

Can I walk?

You may walk on your foot immediately after the surgery but you must rest and elevate your foot (23 3/4 hours a day) for 1-2 weeks after the procedure.

Can I shower?

You may shower but keep your dressing dry & intact.

How long does the postoperative sandal stay on?

The sandal must remain on at all times during the first 2 weeks post operatively. After this time the sandal is replaced with a comfortable solid soled shoe.

When can I resume normal activities?

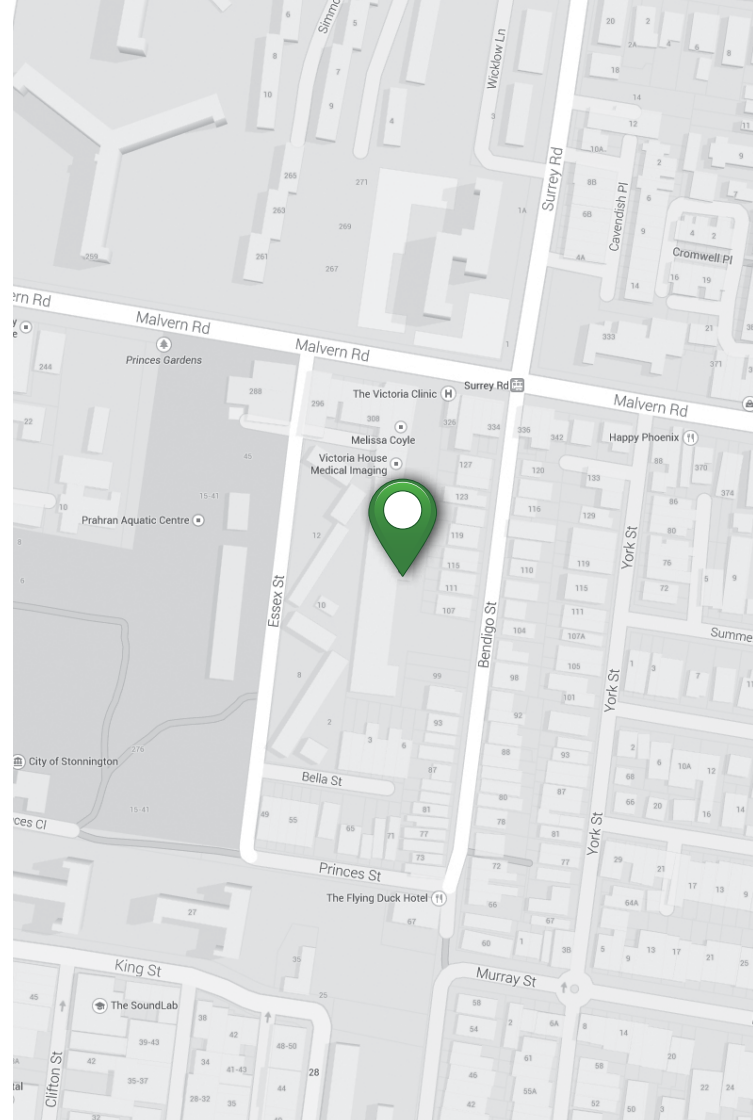
After the two week mark, a slow increase in activity is encouraged. It will take 2-4 months to feel the benefits of the surgery, it may take 1-2 years to fully settle.

Your first post operative appointment:

This will occur 1-2 weeks after your procedure. At this time your dressings are removed and wounds assessed. If your wounds are healed, simple wound care instructions are given. If they are slower to heal, you will be required to see the nurse for a subsequent wound check about one week later.

When can I return to work?

If you have a sedentary job you will need at least 2 weeks off. If you have an active job where you stand or walk, you will probably require 1-2 months off work.



Hallux Valgus (Bunions)



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Hallux Valgus - Bunions

Bunions are caused by instability of the joint at the base of the big toe and by mis-shaped bone there. If there is instability, deformity will progress with time.

Often bunions cause pain for a variety of reasons including the prominence rubbing on shoes; degenerative change (arthritis) and inflammation as joint structures are stretched.

Decreased function of the big toe puts more stress on the remainder of the forefoot, resulting in lesser toe problems including corns, claw toes and occasionally ulceration or infection.

Usually surgery is not essential. Not all bunions are problematic - in most surgical treatment is optional. Non surgical treatment involves the modification of shoes so that there is enough room to fit the foot in the shoe without tightness. Typically, a shoe with a fairly solid sole is needed. Insoles may lessen pain in outer aspect of the foot but rarely slow the progression of bunion deformity.

Sometimes anti-inflammatory drugs help.

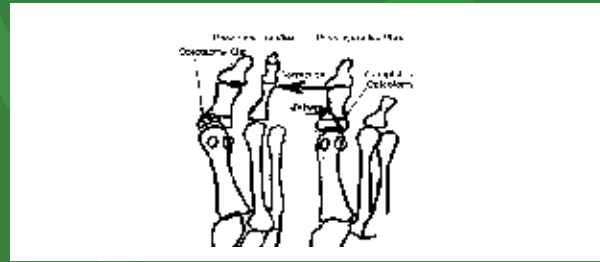
The primary aim of surgery is to relieve pain & improve function. Appearance is not a reason to operate.

The aims of surgery are to relieve pain, to realign the toe, to decrease its' bulk and to maintain or improve function.

No one surgery is suitable for all cases. It is important to maintain or improve great toe power. More than one hundred and fifty different bunion procedures have been described. They are not all equally effective. No one surgery is applicable to all feet.

The selection of the appropriate operation can be difficult. Recovery times vary from surgery to surgery – more aggressive surgery can correct a greater deformity but will result in a longer recovery.

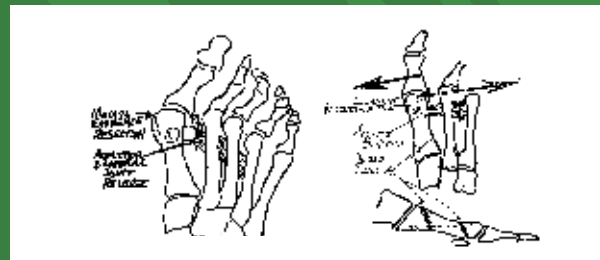
It is important not to weaken the great toe as this will cause increased stress in the remainder of the forefoot and the development of progressive problems there. This has been one of the greatest problems with some of the more common or traditional operations. Simple removal of the prominence rarely gives a lasting result.



Akin Osteotomy

This procedure involves re-shaping the big toe's proximal phalanx. Its' prime place is when this bone is deformed and this is the cause of the problem. It has a very limited place for use in isolation. Its most frequent place is as an adjunct with one of the other surgeries.

It involves taking a wedge of bone from the medial (inside) of the base of the great toe and hence straightening it. It may be fixed with permanent screws, staples, sutures or temporarily with wires which are removed at two or three weeks (a procedure which is similar to removal of sutures in its level of discomfort).



Scarf Osteotomy - Adductor Hallucis Transfer

This surgery aims to re-balance the great toe as well as straighten it. It is used for more severe deformities where by re-directing the deforming force to create a correcting force gives a long lasting improvement.

The operation involves transferring the adductor hallucis muscle (which normally pulls the toe into valgus) and using it to pull the metatarsal into improved alignment. Realigning the first metatarsal further reduces the first- second metatarsals gap. This allows the toe to be brought into a corrected position. Excess bony prominence is resected.

Initially an incision is made on the dorsum (top) of the foot between the first and second toes. The outer aspect of the great toe M.T.P. joint is released and the Adductor Hallucis muscle moved from the base of the lateral sesamoid and big toe then transferred to the first metatarsal head.

A long incision is then made along the inner border of the first metatarsal. A proximal metatarsal osteotomy (cut) is made and the metatarsal rotated, then fixed with screws.

The medial eminence (bony prominence) is then resected along with excess capsule and residual medial joint capsule tightened correcting valgus and toe rotation.

Recovery

Recovery varies between patients and can take up to one year. After the immediate postoperative phase walking becomes progressively easier.

Recovery varies according to the extent of the procedure and from person to person. Postoperative ache, stiffness and swelling settle over three months but some symptoms persist for six to twelve months. Long term stiffness of the M.T.P. joint is common, but rarely is a cause of difficulties.

Most patients have lasting improvement with surgery but some are made worse. Most bunion surgeries have good results with long lasting realignment and pain relief. Not all cases are improved and a few are made worse.

Potential problems include infection and nerve injury (e.g. numbness, irritation or tingling) or recurrent or persistent swelling, stiffness & deformity.

Occasionally bone union is delayed, fails or is poorly positioned. Sometimes the screws cause irritation and may need to be removed.