

This leaflet aims to answer your questions about the treatment of Bunions (Hallux Valgus).  
Please ask your Surgeon if you have any further questions

**What is....**

## a Bunion (Hallux Valgus)?

A bunion is a bony deformity of the main joint of the big toe (metatarsal-phalangeal joint). It is caused when the big toe tilts towards the second toe (hallux valgus). Bunions are a common problem. They tend to run in families and are more common in women than men.

## What are the symptoms of a bunion?

A hard, bony lump appears on the side of the big toe and the big toe tilts towards the second toe. Some people never experience any pain, others may suffer for years with bunions.

The skin over the bony lump can be red, swollen and tender. Wearing shoes can be painful, especially high heels or shoes that do not fit properly. The big toe position can worsen over time, affecting the smaller toes. The second toe can become 'clawed' or cross over the big toe.

## How is a diagnosis of a bunion made?

A diagnosis of a bunion is made on your symptoms, clinical examination and xrays of the foot.

## What are the available treatments for bunions?

In the first instance, simple treatment measures are recommended to try and reduce your symptoms. These can have significant benefit and help avoid having surgery, which include:

- wearing wide shoes with a low heel and soft sole
- bunion pads (soft pads put in the shoes that stop them rubbing on a bunion)
- bunion splits
- arch supports (insoles)
- simple pain killers (paracetamol and ibuprofen)
- weight loss (if overweight)

Surgery is the only way to get rid of a bunion. However, surgery for bunions is recommended as a last resort, once all simple treatment measures has been exhausted and if your symptoms remain significant. It is not recommended for cosmetic reasons or to avoid problems that are not yet present.

## What happens during bunion surgery?

The operation is usually performed under general anaesthetic (whilst you are asleep) or alternatively, can be done using a regional anaesthetic, which just numbs the leg. We can discuss the options and decide which option is most appropriate for you.

A surgical cut (incision) is made over the bunion, and the bunion is removed. Then the long bone (metatarsal) of the big toe is cut (osteotomy). The big toe can then be repositioned and held with small screws to allow the bone to heal together again. This is also known as a 'scarf' or 'chevron' osteotomy.

Sometimes, another bone (proximal phalanx) in the big toes needs to be cut, straightened and held with a screw or a staple. It is know as an Akin Osteotomy. The incision is closed with sutures (stitches) and the foot is bandaged.

## What are the risks of bunion surgery?

The risks of any operation generally relates to the anaesthesia and the surgical procedure.

In most cases, you will have a general anaesthetic and the risks vary depending on your general health. You will be able to discuss this with the Anaesthetist before your surgery.

Around 85% of people who have bunion surgery are satisfied with the results. However, problems can arise and the main surgical risks are listed below. These will be further explained by the Surgeon treating you.

### Swelling

The foot will swell after surgery in response to the surgery itself and the healing process. It will take more than 6months for the swelling to settle.

### Stiffness

The big toe is usually remains stiffer than before surgery. For most people this is not a problem, however, for athletes and dancers it is very important.

### Non-Union

There is a 5-10% chance your bones will not heal together (unite). This may require further surgery. Smoking and diabetes increases the risk of this complication considerably.

### Change of Position

In some people the big toe gradually tilts back toward the original position or more rarely the toe can tilt the other way. If the position of the big toe becomes problematic some patients may consider further surgery to adjust this.

### Pain

Some patients may experience pain under the 'ball of the big toe' (metatarsalgia) due to weight transfer changes after bunion surgery. Careful surgical technique can reduce this risk, but it cannot be completely avoided.

### Infection

The surgical wound usually heals within two weeks. In a small number of cases (less than 5%) the wound becomes infected and antibiotics are required. Rarely the bone becomes infected.

### Metalwork

If the screws in the foot become prominent, another operation can be performed to have them removed. After 6months the bone cuts will have healed sufficiently to have the screws removed.

### Chronic regional pain syndrome

A small number of patients have severe pain, swelling and skin changes, which persist beyond the expected recovery period.

### Deep Vein Thrombosis

A blood clot in the leg or lung is a rare but serious risk of ankle surgery. Measures are taken to reduce the chance of this happening but cannot be completely avoided.

## What happens after bunion surgery?

Your surgeon will give you advice on what to do and what to expect after the operation. Patients though progress and recover from surgery at different rates. A few common questions have been answered below:

### 'When will I be discharged?'

Most patients can go home on the same day as the surgery. You may require an overnight hospital stay afterwards if you have other significant medical problems or longer is you have more major surgery (e.g. forefoot reconstruction). You will not be discharged from hospital until the physiotherapist or nursing staff are happy that you are comfortable and can move around safely.

### 'Can I walk on the foot?'

After you have recovered from your anaesthetic the physiotherapist will give you crutches and a special sandal to wear. This will help protect the operated area and allows you to immediately weight bear as tolerated.

For the first two weeks

### 'When will I be followed-up in clinic?'

Most patients can go home on the same day as the surgery. You may require an overnight hospital stay afterwards if you have other significant medical problems or longer is you have more major surgery (e.g. forefoot reconstruction). You will not be discharged from hospital until the physiotherapist or nursing staff are happy that you are comfortable and can move around safely.