

# Patient Information Sheet

## - Bunion Surgery

*What do I need to know?*



### What is my diagnosis?

Hallux Valgus, commonly referred to as “Bunion”, is a term used to describe a prominence at the base of the big toe with deviation of the big-toe towards the second toe. It usually causes rubbing of the swelling against shoes, pain in the joint at the base of the big toe and difficulty finding shoes that fit properly. It can be accompanied by deformities in the small toes and by pain in the ball of the foot. These can be treated separately or in at the same time.



### Do I need an operation?

You should have initially tried non-surgical treatments in the form of wide-box shoe-wear, padding around the swelling and forefoot insoles. This operation may be offered to you if you continue to have symptoms despite non-surgical treatment. You will be examined and counseled by a healthcare professional who will explain the risks and benefits of surgery to you.

### What does the operation involve?

The operation is performed as a day case procedure but come prepared in case you need to stay overnight. The operation is carried out under a general anesthetic & nerve block (numbing the nerves of the foot and ankle). The operation involves two incisions (cuts). One is between the big and second toes to release the tissue pulling the toe outwards. The second is on the inside border of the big toe and is used to trim the bunion and perform two breaks (osteotomies) of the metatarsal and phalanx bones, which are then used to set the toe straight and held with metalwork.

The tissues on the inside of the big toe are also tightened through this incision.

You will see the physiotherapist after or before your operation and they give you crutches if needed as well as a forefoot off-loading shoe.



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**Phalanx  
osteotomy**

**Metatarsal  
osteotomy**

### Your operation may be carried out by a Podiatrist

This operation is one of the operations that may be carried out by a podiatrist. Our podiatrist has specialised in the care of foot problems for many years and has gained additional training to allow them to work as a member of the operating team. The podiatrist is fully capable of performing this procedure to the highest standards and you will receive the same care provided by a surgeon.

### What happens after surgery?

- Strict elevation for the first two weeks followed by on & off afterwards
- Mobilise fully-weight bearing with the forefoot off-loading shoe for the first six weeks
- Mobilize fully-weight bearing with crutches if needed
- Exercises for the big toe at two weeks, both active & passive
- The swelling goes on & off and lasts for a long period up to six months

### What about blood clots after surgery?

You could be prescribed anti-coagulants (blood thinning medication) after surgery. Your risk of having a blood clot will be assessed by your healthcare provider. You may be asked to take a daily tablet or have subcutaneous (under the skin) injections, depending on your level of risk. You will be shown how to self inject in this situation.

### Are there potential complications?

Every operation has potential complications. You must understand these before having surgery. These include but are not limited to:

- Sensitive or painful scarring
- Big toe permanent numbness
- Joint stiffness
- Under or over-correction
- Failure of bone healing (non-union)
- Recurrence of the toe deformity
- Infection
- Avascular necrosis of metatarsal
- Clots in the leg (DVT)
- Clots in the lung (PE)
- Chronic regional pain syndrome

Smoking, diabetes, rheumatoid arthritis, steroids and blood thinning medication increase these risks significantly. Discuss these in more detail with your healthcare provider.