Hallux Valgus (Bunion) Surgery

Patient information

Orthopaedic Department

www.yeovilhospital.nhs.uk
What is a hallux valgus?

The hallux is the big toe. Hallux valgus refers to the deviation of the big toe out towards the lesser toes. This is usually accompanied by a widening of the foot as the metatarsal bone splays inwards towards the other foot. The resulting bump is known as a ‘bunion’, it is not a lump on the bone. Bunions are often uncomfortable or painful when shoes create pressure or rub the bony prominence.

Consequences of having a bunion may be:

- Difficulty finding footwear that fits
What is the cause?

There are many factors involved in the development of hallux valgus. It is eight times more common in women. There is a hereditary element and there are associations with poor footwear and trauma to the big toe.

How is it likely to progress?

With time, the deformity usually gets worse, frequently with the 2nd toe crossing over the big toe. The big toe joint may become arthritic. Many people with bunions however, despite the deformity, continue to have minimal symptoms and seek no treatment.

What is the treatment?

Non-operative - Little has been shown to halt the progression of hallux valgus but symptoms will often be controlled by using wide fitting soft shoes to accommodate the deformity. High heels tend to squeeze the foot into the front of the shoe and push the weight on to the front of the foot. They should therefore be avoided.

Surgery - There are various ways of correcting the deformity surgically. Some operations have been proven to be more effective than others. The vast majority of methods realign the toe by cutting one or two bones.

The scarf osteotomy

Scarf is a carpentry term for a type of wood join and is used in the surgical sense to describe the zig-zag type cut made in the metatarsal bone to narrow the foot and realign the toe. The surgery is usually done as a day case procedure (in and out the same day) under a general anaesthetic (asleep).
A local anaesthetic nerve block will also be used to ensure that you are as comfortable as possible after surgery. The surgery takes about an hour to perform. It is usually performed with a tourniquet around the thigh to control the blood loss. This may cause bruising around the thigh. You are given a shot of antibiotics prior to the operation.

A cut about 10cm long is made on the inside of your foot over the bunion. Through this the tight tissues on the outside of the toe that are pulling the toe over, are released. Part of the prominence is taken off and the “scarf” cut is made in the metatarsal bone allowing the ball part to be shifted across. This is fixed with two screws. The excess remaining bone is then shaved off. The soft tissues on the inside of the joint are repaired and tightened.

Often it will also be necessary to perform an Akin osteotomy – a wedge shaped cut in the toe bone allowing the toe to be further corrected. This is usually secured with a small staple.

The skin is then closed with an absorbable stitch under the skin and dressings with a bulky bandage are applied. **This bandage should all be left undisturbed until you are reviewed in our dressing clinic about two weeks after the operation.**

*For the first two weeks, it is essential that when sitting you keep the foot elevated above the level of your heart (‘toes at the level of your nose’) for as much as possible but at least 55 minutes in every hour.*
You will be given a post operative shoe, which should be worn continuously until you are seen in the dressing clinic and thereafter whenever you are walking for the first six weeks. The shoe is specially designed to prevent you putting too much weight through the front part of the foot whilst the bone is healing. You will be guided on how to walk in the shoe by the physiotherapist / nurse around the time of the surgery.

For the first two weeks after surgery, you will essentially be housebound, doing only the bare minimum of walking. However you should keep moving regularly and should perform the exercises described below. These exercises are for both legs to minimise the risk of blood clot formation and improve circulation. This in turn will help reduce swelling.

**Benefits of surgery**

**Alleviation of pain** – the main reason for the operation is to reduce the pain in the foot.

**Preventing skin problems** – before surgery the skin over the bunion can become sore or infected as the prominence is rubbed. When the foot is straightened the skin is less likely to be sore.

**Footwear is easier to find** – the foot will be less wide so more normal shoe worn.

**Improvement in mobility** – if the bunion has been a limiting factor in mobility, it may improve after surgery.

However an operation will not give you a ‘normal’ foot. Any operation should be seen as a pain relieving operation and not for cosmetic purposes.
Risks of surgery

All surgery has risks. The risks of bunion surgery overall are low but include:

**Bleeding** – this is unlikely to be significant but occasionally can soak through the dressings, particularly if the foot has not been strictly elevated.

**Nerve injury** – Often the nerve that supplies the sensation to the inside of the big toe has been squashed and stretched over the bunion and you may have some numbness here before the operation. During the operation the nerve is identified and carefully moved out of the way and this can itself cause some numbness. This is usually not troublesome. Very occasionally the nerve can become caught up in scar tissue after the operation causing a painful ‘neuroma’ (swelling on the nerve).

**Swelling/ wound healing problems / infection** – All feet swell after surgery on the foot or ankle. The average time for the swelling to settle fully after surgery is six months. The best way of reducing the swelling is by elevating the foot strictly in the first two weeks after surgery and by moving the toes, ankle and knee. Swelling can put tension on the wound edges and may cause problems with wound healing. Any delay in wound healing increases the change of wound infection, which may then become a deeper infection affecting the bone or joint. You are given a shot of antibiotics prior to the operation but even this cannot eliminate the risk of infection.

Smoking increases the risk of wound healing problems; bone healing problems and infection by eight times. It is therefore important to avoid smoking for at least two weeks before the operation and two weeks after, or until the wound is healed.
Redness around the wound, increased pain, foul smelling wound discharge and general malaise/fever are all signs of infection that should prompt you to seek prompt medical attention. Infection can usually be treated with antibiotics but occasionally requires further surgery.

**Scar sensitivity** - Your scan may be over sensitive after the wound has healed. Firm massage of the scar (once healed) should “desensitise” it and minimise the unpleasant sensation.

**Stiffness** – Any operation around a joint may cause stiffness of the joint. It is therefore important to get the joint moving as much as possible as soon as the wound is healed.

**Recurrence** – There is a small chance of the deformity returning with time. If this does happen it usually is not to the extent that it becomes troublesome again. Rarely further surgery is required.

**Fracture** - If the bone is ‘loaded’ too much (if for example you were to walk normally out of the protective shoe) before the bone healed, it may break.

**Prominent metal work** – The metalwork (screws and staple) are usually left in place and are not noticeable. In about 1 in 20, the metal work is prominent and uncomfortable after all the swelling has settled may require removal.

**Blood clots** – There is a small risk of blood clots in the leg (deep vein thrombosis - DVT) which may go up to the lung (pulmonary embolus - PE). If you have previously had a clot in the leg or lung or have a known tendency or family history of clotting problems, please tell your surgeon.
**Timeline for recovery**

- Hospital stay – usually in and out the same day
- Strict foot elevation – 2 weeks
- First post-operative clinic review – 2 weeks in dressing clinic (leave bandages intact until then)
- Wear special post-operative shoe – 6 weeks
- Wide fitting / roomy shoe – 6 –12 weeks
- Normal shoe – 3 months, foot feeling better
- 6 months – foot feeling better
- New shoes – 1 year, foot feeling right

**Dressing clinic appointment**
(at around two weeks after surgery)

At this appointment, the dressing applied at the time of surgery will be removed. The wound/s will be inspected and if you have any stitches they will be removed. The scar may be a little ‘bumpy’ or puckered. It can become smoother if you massage along the scar. Massage twice a day with an emollient cream such as E45. The skin surrounding the scar may also become more sensitive; the massage can help ease this. If the skin becomes particularly sensitive, it may need more desensitisation. This can be achieved by ‘tapping’ the sensitive skin firmly with your finger at least six times a day.

After the dressing clinic review, you should be able to start doing more but always wearing the shoe for walking. The bone is weakened when it is cut and will take about six weeks to heal, before it is strong enough to take your full weight. Walking on it earlier risks fracture.
Exercises to begin at two weeks

Hold the base of your big toe with your fingers of one hand and move the end joint downwards with your other hand. Repeat with the 2nd and 3rd toes. Repeat 10 times on each toe.

Sitting with the legs straight out in front of you. Pull the foot and ankle up towards the shin, feeling a stretch down the back of the calf. Hold for 15 seconds. Repeat three times.

In a sitting position – put the weight on the front part of the foot – bending the big toe at the joint. Progress this to a standing position once comfortable. Repeat 20 times, four times a day.
FAQs

**When can I drive?** - Unless you have an automatic car and the left foot has been operated on, you will not be able to drive for at least six weeks and ultimately, after that, not until you can safely control the car as if you’d not had the operation. You will probably find you will not be covered by your insurance should you choose to drive during this time.

**When can I go back to work?** - If you do a sedentary job (sitting down) and can get to work, you could go back after the first clinic appointment at around two weeks. If you do a manual job, it is likely you will require at least 8 weeks off work unless you can be found light duties.
If you require further information or advice, please contact in the first instance:

**Orthopaedic Secretary**  01935 384818

If you need this leaflet in another format, e.g. large print, please telephone
01935 384256