Bunion Surgery

Patient Information by Mr Stefan Weitzel, Consultant Foot & Ankle Surgeon

General Info

This leaflet provides general information to a patient undergoing **bunion surgery for hallux valgus** for reference both pre- and postoperatively. The information applies in principle equally to **bunionette correction of the little toe (Tailor's bunion)** There may be individual differences of the exact procedure carried out and/or the recommended postoperative rehabilitation protocol, and therefore this may be used only as **a general guide**. Occasionally, surgery takes place higher up in the midfoot (proximal osteotomy or **Lapidus procedure**). For details see final paragraph.

For specific questions or concerns please do not hesitate to get in touch through the practice manager on 020-32914143 or via laura@weitzelortholtd.co.uk

What happens before surgery?

Patients who have been booked for bunion surgery will receive admission information directly by the hospital. They may be contacted by the pre-admission team and may have to attend preoperatively for some basic tests (e.g. bloods, heart tracing (ECG), MRSA swab) to confirm anaesthetic fitness and ensure perioperative safety.

Day of surgery

On the day of the surgery there will be a further opportunity to discuss the exact nature of the bunion procedure recommended with the surgeon as well as details of the postoperative recovery & follow-up arrangement. In addition, benefits and potential complications will be re-explained and documented on a consent form that is signed by both the patient and the surgeon.

Detail of surgical procedure

This typically involves one or two incisions around the main big toe joint through which the bunion and underlying bones are exposed. The bone is then divided in one or two places (*osteotomy)* at the big toe mid foot bone *(metatarsal)* and/or the toe bone itself (*proximal phalanx)* to allow realignment of the big toe & correction of the bunion deformity. Small metal devices (screws, staples and/or pins) are used to fix the bones in the corrected position. These rarely require removal at a later stage. Soft tissue procedures (release and/or reefing) may also be part of the procedure. The skin is sutured and dressed. Routinely an ankle nerve block *(local anaesthetic injection)* is administered by the surgeon or anaesthetist before the end of surgery to reduce postoperative pain for 12 to 24 hours. Tingling or other abnormal sensation in the toes may be experienced temporarily and usually fully resolves.

Anaesthetic

Surgery is normally carried out under general, spinal or regional anaesthetic and the patient will discuss with the anaesthetist the most suitable technique

Before discharge

Postoperatively, the patient will be supported with a soft bandage and be asked to elevate the foot at least 2hours to reduce bleeding risk. Thereafter, a postoperative shoe will be provided to aid mobilisation with or without crutches depending on patient preference. Further suitable pain relief in the form of tablets is provided before the patient leaves the hospital. For most patients, this is a day case procedure, but some may choose tom stay overnight for various reasons including slow recovery from the anaesthetic.

Clinic follow-up & return to activities including work

Follow-up usually takes place in clinic around 10-14 days, for reduction of dressing and wound check and removal of sutures if required. A postoperative radiograph to confirm the surgical correction will be recommended at this stage if not already performed during the surgical admission.

At this stage, further protection is recommended in the postoperative shoe with a compression stocking to control swelling. Most patients are now reasonable active and can get around comfortably around the home or for shorter trips outdoors. Many patients in sedentary jobs (e.g. office work) may now be able to return to work fully or in modified capacity.

Many patients can get into wide-fitting or comfortable footwear (e.g. trainers) at around 4-6 weeks postoperatively. The second follow-up appointment is usually scheduled around 6 weeks to review progress and ensure the bone healing is completing (by means of a further X-ray). Patients in physically more demanding professions may have to delay return to work until after 6 weeks.

Swelling can occasionally persist for 2-3 months postoperatively (and rarely longer) delaying the return to fashionable or tight-fitting shoes.

Complications & Outcome

Early postoperative risks include *bleeding* (which may rarely require an early change of dressing) and *wound healing problems & infection*. The latter is rarely serious and responds quickly to regular wound care and a short course of oral antibiotics. *Nerve problems* may be noted when the dressing is reduced and are either experienced as a reduced sensation or tingling in the big toe or around the surgical scar. This is usually temporary but uncommonly can be permanent (but even then is rarely troublesome). A more generalised but very rare form of nerve dysfunction is caused by *complex regional pain syndrome (CRPS)* that gives rise to swelling, aching, stiffness & abnormal sensation in the forefoot. This almost always resolves with physiotherapy and mobilisation over a period of months.

Thrombo-embolism (blood clot) in calves and/or lungs is very uncommon in forefoot surgery in patients without significant risk factors (e.g. previous history). Therefore, medical thrombo-prohylaxis is not routinely recommended but a compression stocking is usually offered by the nursing staff.

Longer term risks include significant and persisting *stiffness, residual or recurrent deformity and/or pain.* However, a general outcome review shows that a large majority of patients is at least satisfied or better with the result of surgery (90-95%).

Recurrent or severe deformity correction (Lapidus)

For a severe deformity or associated midfoot instability it is occasionally necessary to correct the deformity by means of a first ray midfoot fusion (Lapidus procedure). Usually additional procedures around the big toe joint (soft tissue release and/or osteotomies) are also required. This is more complex & lengthy surgery and requires postoperative off-loading in a heel-wedge shoe or walker boot with crutches for up to 6 weeks. Also, there is a greater risk of complications including delayed or non-union of bone. Otherwise all information as above applies equally.