

Bunions and their treatment

A patient's guide

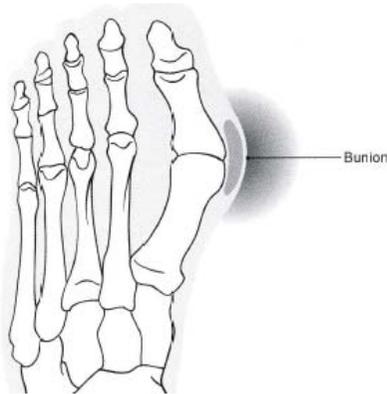


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.... caring for you 

This information is for people with bunions. It explains what treatments are available, in particular what the surgical treatment involves and what the risks are.

A bunion is a hard bony lump on the side of your big toe. This lump is not a new bone, but the displaced joint of the big toe. The lump may get gradually bigger over time and the big toe may start to point towards the second toe and put pressure on it. It is sometimes described as a Hallux Valgus deformity, by doctors.



What causes bunions?

There may be several factors which cause bunions. It is likely that there is a genetic element as they can run in some families. Inappropriate footwear is also a common factor, especially if the shoes are narrow at the front and have high heels.

Common problems caused by bunions

These include pain and redness over the bunion when it rubs against shoes. Difficulty getting shoes to fit, pressure on the second toe, may cause a corn and this toe too may develop a hammer deformity. Sometimes hard skin develops on the ball of the foot.

You will be given a heel wedged shoe, which you must wear for the first six weeks, whenever you are on your feet. It can be taken off when you are resting or in bed.

You will be lent crutches for balance and comfort, but it is safe to put weight on the operated foot, as long as you are wearing your heeled wedge shoe. You will be given painkillers to take home with you, which you should take regularly. You will be given an outpatient appointment for two weeks to check the wound. The dressing does not need to be changed until you come in to clinic, it is not unusual for there to be a small amount of blood staining on your dressing or plaster boot.

Going home

Please make sure that you have a responsible person to take you home and stay with you for at least 24 hours. You must not drink alcohol, drive or operate machinery or make important decisions for at least 24 hours, to allow the effects of the anaesthetics to wear off.

- First two days – keep foot elevated most of the time.
- First two weeks – continue to elevate your foot as much as possible but you can start to be more mobile whilst at home.
- At two weeks – come to clinic for a wound check.
- First six weeks – use the heel wedged shoe when standing or walking as the bone is starting to heal. You may need crutches during this period.
- At eight weeks – you can start to drive
- At three months – you should be walking reasonably normally.
- In the first six – nine months – you should expect a certain amount of pain and swelling in the foot.

Treatment options

Your surgeon will discuss your treatment options with you. Non operative treatments will be discussed first, especially if you do not want an operation or it is not appropriate to offer you surgery. You will be given advice regarding your footwear, and advised to see a chiropodist for any corns. Splints will not be offered routinely as these are rarely of any benefit.

If your bunion is causing pain and making it difficult to walk or it is getting rapidly worse and causing problems with other toes then you may be suitable for surgical correction. You may also be suitable for surgery if you are finding it difficult to wear shoes comfortably, because of pressure on the bunion.

Your surgeon will discuss the surgery, what happens after surgery and the risks of having an operation, before you decided in partnership how to proceed. Bunion surgery is not advisable as a cosmetic procedure, for example, to make your foot look better or normal. The operation will usually be carried out as a day case, therefore you will not have to stay in hospital overnight, and usually under a general anaesthetic.

Pre operative assessment

A week or two before your operation, you will be given an appointment for a pre-operative assessment with a nurse in clinic, to make sure that you are medically fit for the anaesthetic.

If you fail to attend this appointment your operation will be cancelled.

The day of the operation

Important information – you must not eat anything for a minimum of six hours before your operation. You can drink **only water** up to two hours before, but no other fluids.

Please come to the day treatment centre on level 3, in the main entrance of the hospital, at the time stated in your appointment letter. There is inevitably some waiting, so please bring something to read.

A nurse will check you in. You will see your surgeon, who will ask you to sign a consent form to confirm that you understand the procedure, the risks, and that you agree to go ahead with your operation. Your anaesthetist will discuss your anaesthetic with you.

You will be given a gown to change into and disposable underwear. When it is your turn, you will be taken to the anaesthetic room where the anaesthetist will give you your anaesthetic. After surgery, you will wake up in the recovery room with a nurse to look after you.

The surgery

The aim of the operation is to make the bump on the inside of the foot smaller and to make the big toe straighter. It takes about one hour and 15 minutes. There is usually one incision (cut) over the bunion itself on the inside of the foot. Occasionally a second incision is used in-between the big toe and the second toe.

One or two bones will need to be cut and reset in the correct position with screws and/or metal staples to hold them in position.

This metalwork is buried in the bone and designed to stay forever. On rare occasions it needs to be removed. If you also have a second hammer toe deformity, this can be corrected at the same time with a fine wire (k-wire) which is inserted to keep the toe straight. This wire protrudes from the tip of the toes but is covered by dressing. If you have one of these wires, it will be removed in clinic, in four – six weeks after your surgery.

The risks of surgery

- Infection
- Nerve injury, may cause decreased sensation on inside of the foot or painful swelling of the nerve (neuroma)
- Deep vein thrombosis (a clot of the veins in the legs) or pulmonary embolus, this is rare.
- Bone not healing (non-union).
- Bone healing in an incorrect position (mal-union).
- Avascular necrosis –a rare complication which can lead to arthritis.
- Fracture of the bone
- Stiffness of the big toe joints.
- Recurrence of the deformity overtime.

After the operation

You will recover in the day treatment centre ward for about three hours before going home.