

PATIENT INFORMATION: BUNIONS

What is a bunion?

A bunion is an area of swelling over a bony protuberance, normally the head of the first metatarsal or the 'great toe'. They can be relatively asymptomatic, or cause only mild problems, or in some cases can be very disabling.

What causes bunions?

Bunions occur due to a number of reasons. They are more common in women, most likely due to a combination of ligamentous laxity, hormonal changes and long-term inappropriate footwear. There is also a genetic component too and patients with bunions commonly have a first degree relative with a similar condition. In some cases, they can be due to rheumatoid arthritis or other inflammatory conditions. Rarely they can be due to trauma, osteoarthritis or a consequence of previous surgery.

Why would a bunion need an operation?

Many bunions can be treated non-operatively and these treatments should be explored before considering surgery. Non-operative treatments include lifestyle changes such as avoiding prolonged standing, changing footwear to wide-toe box shoes and weight loss. Physiotherapy can help address concurrent conditions such as calf tightness or ankle instability that may be contributing to the pain. Orthotics such as a toe spacer can be very helpful. Simple analgesics such as paracetamol and/or an anti-inflammatory like ibuprofen can help ease the pain and swelling. Finally, an injection of local anaesthetic into the bunion itself, or the first metatarsophalangeal joint (big toe joint) if it is arthritis can relieve pain in some patients.

Failing these measures, it would be appropriate to consider bunion surgery if you are unable to wear shoes, have excessive pain that is affecting your quality of life or if you are having difficulty mobilising the distances you need to function normally.

What operations are there to treat bunions?

There are two main procedures to treat bunions:

first metatarsal osteotomy – this involves cutting

the first metatarsal, or long big toe bone, and realigning it to remove the bunion. The shape of the cut (or osteotomy) is usually determined by the severity of the bunion as well as surgeon experience. It is normally fixed with one or two screws. Sometimes, tissue on the outside of the big toe (the lateral sesamoid ligament, metatarsal ligament and adductor hallucis tendon) needs to be released to allow for the correction as these tissues can become contracted over time. To allow for a greater correction, the smaller big toe can be cut and realigned as well. The whole procedure is normally done through an approximately 3-4cm incision on the inside of the big toe. If a soft tissue release is performed, a smaller incision may be made on the outside of the big toe as well.

First metatarsophalangeal joint arthrodesis – in severe bunions, or if significant arthritis is present in the big toe joint, it may be more appropriate to fuse the big toe. This realigns the joint but also makes it stiff, so the bend of the big toe is done in the midfoot or the end of the toe. A 3-4cm incision is made over the inside of the big toe and the remaining cartilage is removed from the joint. The joint is held into position with either screws or a plate and over a six-week period the bones fuse so they become one longer bone.

In more complicated conditions, such as rheumatoid arthritis, bunions in very young people or people with severe ligamentous laxity, other procedures may be indicated instead. This would be discussed with you during your consultation.

Can these procedures be done as a day case?

Normally both these procedures are done as a day case if the patient is medically fit, has someone to look after them following surgery and there are no intra-operative complications. The commonest reason to stay in overnight is pain relief as both these procedures can be quite painful immediately afterwards. Both your surgeon and anaesthetist will endeavour to provide you with as much pain relief as they safely can and can use techniques like local nerve blocks and local anaesthetic infiltration to help control the pain.

Do these procedures require a general

anaesthetic?

This can be discussed with your anaesthetist. Commonly they are done using a general anaesthetic but they can be done under a spinal anaesthetic or local nerve block in some circumstances.

What happens after the surgery?

Both procedures can be quite painful and you normally require at least two weeks off work to rest at home. You will be given oral pain killers to take at home and it is strongly recommended you elevate your feet for the majority of the day and night. In most cases patients are permitted to walk on their heel ('heel weight bear') immediately after surgery, and for the following six weeks, provided they can do this safely and keep the operated part of the foot off the ground. A physiotherapist will normally assess you before you are discharged from hospital to make sure you are safe with this technique. You will see either your surgeon or GP surgery to have the stitches removed and the wound assessed approximately two weeks post-operatively. You will normally be fitted with a silicone toe spacer to help hold the toe in the corrected position while the bones heal. Approximately six weeks post-operatively you will have an x-ray of your foot then see your surgeon. If the bones have healed and your pain is controlled, you can commence weight bearing in a wide toe-box shoe as the swelling settles. The swelling can take up to six months to improve.

How soon after the surgery can I:

Walk?

You will usually be able to weight bear on your heel immediately after the operation. It is expected you will weight bear on your heel for six weeks. If the bones have united six weeks after the operation (assessed on x-ray and clinical examination) you can start to walk normally.

Work?

For a desk-based job, you can probably return to work two to four weeks after the operation. For a more labour-intensive job you may need to play for up to three months off work, or longer if there are any complications.



Drive?

Once the silicone toe-spacer has been removed, you are not taking any pain-killers and you can walk unaided (ie without crutches) you are generally safe to try driving. We recommend you try driving in a quiet area and trial an emergency stop before trying to drive on the road.

Play sport?

Once the wounds have healed (approximately two weeks) you can swim without pushing off the wall. You may commence low-impact activities like golf once your surgeon has confirmed that the bones have united. High impact activity like running, tennis and soccer may be attempted six weeks following surgery. However, pain, swelling and stiffness may limit these activities for several months. Swelling can persist for up to six months and occasionally longer. Generally, patients return to their pre-surgery activities six months following bunion surgery.



What are the risks associated with bunion surgery?

Research has suggested that 85-90% of people are happy with their bunion surgery. It has also been shown that the more severe the bunion, the more satisfied people are with their surgery. However, there are risks associated with the procedures. These include:

Stiffness of the big toe - In a fusion, the big toe is completely stiff except for some movement at the midfoot and tip of the great toe. Even when the toe is not fused and the bone is cut and realigned, there can still be some residual stiffness. This can be an issue in athletes, particularly dancers who require a forceful push-

off of the toe.

Recurrence – in some people, particularly young women, the deformity can recur. Usually it is only mild but in some people it can be severe enough to warrant revision surgery. Rarely, the toe can be over-corrected and actually swing the other way (hallux varus). This usually requires revision surgery.

Infection – occasionally superficial wound infections can occur. These are usually treated with dressings and sometimes antibiotics. Rarely, the patient needs to return to theatre for a wound debridement under anaesthetic. In

very, very rare circumstances, a partial or complete amputation of the foot may be required to completely eradicate the infection.

Nerve injury – there are multiple small nerves in the foot which can be injured during the surgery. Sometimes this injury is permanent resulting in a painful scar or area of numbness or altered sensation over the great toe.

Deep vein thrombosis and pulmonary embolus (blood clots) – these are rare but can sometimes occur after any surgery. Your risk assessment will be reviewed prior to surgery and in some cases you may require medication to thin your blood following surgery. As most patients are mobilising immediately post-operatively, the chance of a blood clot is very low.

Pain – bunions can be painful and you will have some post-operative pain. Your anaesthetist and surgeon work together to manage your pain post-operatively but you will still have some pain.

Lesser toe deformities – sometimes the lesser toes can claw or become deformed in the years following bunion surgery. These may require correction in the future.

Prominent metalware – sometimes the metalware used to fix the deformity correction can become prominent or irritate the overlying skin. In this instance the metalware may need to be removed once the bones have healed in their new position (approximately six months following surgery).

There may be other risks with the procedure that your surgeon will discuss with you.

If you have any questions about your surgery, or any concerns, please don't hesitate to contact the office and speak to your surgeon.

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