

Hallux Valgus Correction (Bunion)

Following your consultation you are considering a hallux valgus correction. This section aims to give you additional information about your condition and the treatment. It is designed to give you some general details about the recovery from surgery if necessary and the common risks and complications. This section is not for self-diagnosis. Please ask your surgeon if you have any further questions.

What is it?

Hallux valgus correction is an operation to remove a lump (bunion) which appears at the base of the big toe. This is almost always due to the bone of the first metatarsal becoming prominent. Pain is usually caused by pressure from shoes on that area of the foot.

Why would it be performed?

Hallux valgus correction is performed when other non-surgical methods have been unsuccessful in decreasing pressure on this area of the foot. If the lump (bunion) is pressing on your shoes, you will probably have tried different shoes before coming to see the surgeon and there is usually no other option than surgery.

What does the operation involve?

A cut is made along the inside of the bunion and the bone is cut to make the first metatarsal and its fragments smaller and more aligned with the normal foot shape. The bone is held in position by two small screws which are buried into the bone so that they need not be removed. The soft tissues attaching to the outside of the big toe are often too tight to close the cut, and a small second cut is made on top of the foot to relieve this pressure. Next an akin osteotomy may be carried out on the big toe (phalanx) during this operation. During this time, the wedge of bone from the big toe is removed and the big toe can be realigned. The bone is fixed in position and the cut is stitched closed.

Can it be done as a day case operation?

If you are medically fit, have someone who can collect you and look after you after the operation and you are comfortable afterwards, the operation can be done on a day case basis. If you have other medical problems such as diabetes, asthma or high blood pressure, you may have to attend a preoperative assessment before your surgery. You may need to stay overnight after your surgery. You must stay overnight in case of complications if there is no one to collect and look after you. The most common reason for having to stay overnight after a hallux valgus correction surgery is for pain control, as the operation involves cutting out a piece of bone.

Local anaesthetic injections can help with this, but not everyone is comfortable to go home. The majority of people who have hallux valgus correction surgery, are able to go home the same day.

Will I have to go to sleep (general anaesthetic)?

The operation can be done under general anaesthetic (asleep). Alternatively, an injection in the spine, leg or around the ankle can be given to make the foot numb while you remain awake. Local anaesthetic injections do not always work and, in this case, you may have to go to sleep if the operation is to be performed. Your anaesthetist will advise you about the best choice of anaesthetic for you. In addition, local anaesthetic may be injected into your leg or foot while you are asleep to reduce the pain after the operation even if you are under general anaesthetic the surgery. You will also be given painkilling tablets as required.

Will I have a plaster on afterwards?

No, you will not have a plaster on, only a firm bandage.

What happens afterwards?

A special wedged shoe will be given for you to wear after your operation to take the weight to the rear of your foot. This shoe should be worn for 6 weeks after your surgery. You will usually come back to the clinic 10-14 days after surgery when your wound will be checked, sutures removed and advice given on exercises. Before then, it is vital not to get your foot or foot wet while your wound heals. You should then start to stretch your big toe up and down gently. This may hurt a bit, but **it is important to get your toe moving early** so it does not stiffen up. Obviously, we do not expect you to do this very vigorously at first, but, as the toe heals, you should be working harder and harder at it. Usually, you will be seen again about 6-8 weeks after your operation and, if you are making good progress, then you need not come back.

How soon can I ...

Walk on the foot?

You can do so immediately, but for the first 10-14 days you should avoid walking if possible and put all of your weight on the heel. When not walking, you must rest with your foot elevated as much as possible to reduce swelling. Once your stitches have been removed or trimmed, you can be more mobile.

Go back to work?

This depends on what you do and how you get to work. If you have a sitting down job that you could do with your foot up most of the time and you can get to work, you could probably go back 3 weeks after surgery. If you have a heavy manual job, you may be away from work for up to 2 months. If you need to drive to work, this will affect when you can go back. Your surgeon or foot and ankle nurse will advise you about going back to work.

Drive?

You can drive as soon as your foot is comfortable enough and you can wear a suitable shoe. Usually this is 2-4 weeks after surgery. You must be comfortable and not too stiff before trying to drive. Start by sitting in the car and trying the pedals. Then drive round the block. Drive short distances before long ones. If you cannot safely make an emergency stop, your insurance will not cover you in the event of an accident. Ask your surgeon or foot and ankle nurse when it is safe for you to drive again.

Play sport?

As the swelling in your foot goes down and it becomes less stiff, you can start gently exercising your foot and walking further each day. When you are comfortable doing this you can start gentle running and stretching. Be guided by your own body's reactions and the advice of your surgeon. Most people can return to most of their previous activities within 6 months of hallux valgus correction surgery.

Risks

Rarely reoccurrence of bunions may occur.

Over correction may occur which would require a secondary surgery.

Infection may occur. If infection does occur, further surgery may be required to remove infected bone, tissue, or screws. Minor infections are usually treated with a course of antibiotics.

The nerves to the top and outer side of the foot run close to the ankle where the operation is done. In about 1 in 10 people, they are stretched or small nerve branches are cut. This produces a numb, sometimes tingly, occasionally painful, area over the top or outer side of the foot. In many people this gets better over the course of 6-8 weeks, but in about 1 in 2 of those affected it does not get better.

Occasionally the bones may fail to unite or join.

Screws inserted during surgery may become prominent and uncomfortable, however they can be removed at a later stage.

Surgical scars may be irritating and painful.

Stiffness in the toe or toes after surgery may cause pain.

Pressure may be transferred to the second toe and a callous under the second toe may develop as a result.

There are general risks with any operation that include blood clots (DVT & PE), anaesthetic complications and tourniquet complications. Generalised pain, swelling and stiffness can occur (CRPS).

