FOOTCONSULTANT CLINICS

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HALLUX VALGUS (BUNION) SURGERY

1. WHAT IS A BUNION

- A" bunion" or "Hallux Valgus" is a lump at the base of the big toe, caused by sideways drifting and angulation of the big toe.
- It will usually get worse with time
- A "bunion" is not simply a 'bump' of bone on the side of the foot.
- It is caused by angulation of the bones in the foot.

Sometimes it is painful in itself, but more commonly it causes symptoms by pressure on shoe-wear or, on occasions, by crowding or crossing the smaller (lesser) toes. The second toe can become so crowded that it becomes 'clawed,' and crosses over the big toe. In people between 18-65 years old about 23% will have a bunion. This increases to 35% in people over 65 years old. Bunions are about three time more common in ladies than men. Footwear is not the main reason people develop bunions. There are strong genetic factors although footwear and flat feet may play a part.

2. IS SURGERY THE ONLY WAY TO CORRECT BUNIONS?

Early and mild bunions may respond to padding or adapting your shoes. Some bunions are made worse by flat foot and collapse of the arches. These can sometimes be helped by arch supports.

Bunions will nearly always get worse with time and therefore there is little point in waiting to have them corrected as sometimes this can mean the operation and recovery will be longer and more complicated.

Bunions can only be corrected by surgery. Surgery should only be undertaken if the symptoms are significant and appropriate non-operative management has been considered.

3. ABOUT BUNION SURGERY

There are many different types of bunion correction but three have proven to be very reliable providing good correction of the bunion deformity:

1. Distal metatarsal osteotomy
2. Scarf osteotomy
3. Lapidus arthrodesis
4. Minimally invasive bunion surgery

The choice depends on the severity of your bunion and your general health. All operations can be performed under local or general anaesthetic. You will find more specific information on these other operations from my web site. www.footconsultant.com

4. WHAT IS AN OSTEOTOMY?

An 'osteotomy' is an operation when the bone, in this case, the metatarsal bone is divided and 'moved' into the correct position. The bony bump is usually trimmed at the same time. The operation aims to narrow the forefoot. Because the operation involves cutting the bone, it is held in position afterwards with screws or pins until the bone heals together again. During this time, foot is usually protected in a special post-operative shoe.

5 ABOUT BUNION SURGERY

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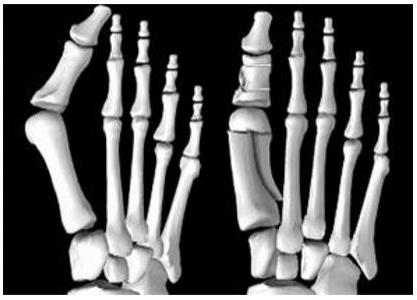
6 DISTAL METATARSAL OSTEOTOMY

In this operation the metatarsal head is cut and slid toward the second metatarsal head and is then fixed with a pin or a screw. The operation is suitable for minor to medium severe types of bunion correction. The operation has the advantage of being very stable and allowing patients to be able to weight-bear quite soon after the operation.

7 THE SCARF OSTEOTOMY

The bone is divided into toe using a "Z" shape cut. The head of the metatarsal and shaft of bone are then relocated moving the first metatarsal toward the second metatarsal. This allows correction of the bunion and correction of the splayed forefoot. The operation is very reliable for the correction of mild to moderate bunions. It provides a very stable operation site



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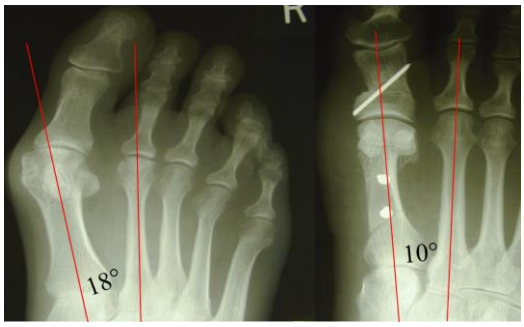
Case example 1

Case example 2



8 THE LAPIDUS OPERATION

The operation involves removing a small section of bone from the joint at the base of the first metatarsal in a wedge shape (yellow lines) This then allows the metatarsal to be rotated into the correct new position. This has the effect of making the foot narrower. Additional procedures may be undertaken at the same time to fully correct the foot deformity. These might include lengthening of the tendon to the big toe and releasing tight tissues around the big toe joint.

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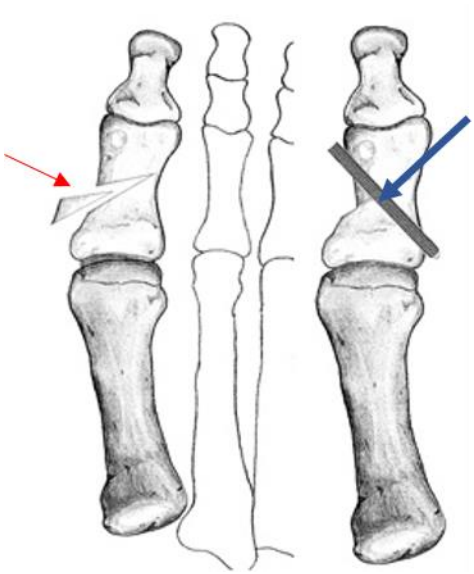
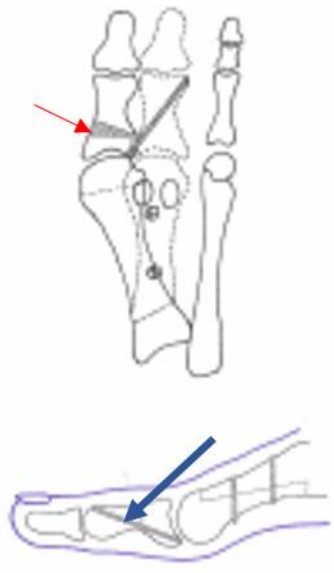
Case example 1

9 THE AKIN

The operation can be performed in isolation or in combination with other osteotomies to help re-align the hallux. In some patients the big toe has a twist in it (referred to as *"hallux interphalangeus"*). The Akin operation involves removing a wedge of bone from the toe bone and then closing the bone back together.





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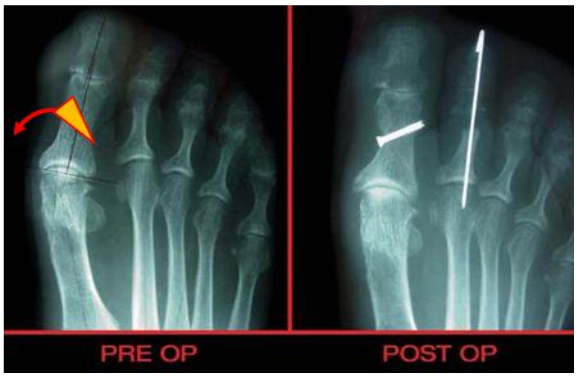

10 DO I HAVE TO STAY IN HOSPITAL FOR THIS OPERATION?

No, most patients go home the same day after this operation. This is referred to as a "Day Case" operation. In the past patients would have been in hospital for several days after a foot operation like this. With modern surgical techniques by specialists in foot surgery this is not necessary.

11 DO I HAVE TO HAVE A GENERAL ANAESTHETIC?

No, most patients can choose between a local or general anaesthetic for their operation. A local anaesthetic means you will be awake during the operation although you will not be allowed to watch. A general anaesthetic means you will be unconscious throughout the procedure.

12 TYPICAL RECOVERY TIMES

I have provided a table which provides a guide as what you can expect week by week following this particular operation. Remember it is only a guide and your own healing may be different.

ACTIVITY	DAYS 1-7	DAYS 8 - 14	DAY 21	WEEK 4-5	WEEK 6-8
Heel weight-bearing with minimal activity. Resting with leg elevated mostly. Using crutches		✓			
Keeping the foot clean and dry	✓	✓			
Walking on heel with no weight on the ball of the foot	✓	✓			
Stitches removed		✓			
First postoperative x-ray			✓		
Begin toe exercises			✓		
Move into a normal / comfort shoe			✓		
Walking without crutches			✓		
Return to work non-manual				✓	
Return to sport / aerobics					✓

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13 COMPLICATIONS OF SURGERY

Although great care is taken with the operation and aftercare, a small number of people (up to 10%) may have a less than perfect results due to problems such as:

1. Recurrence of the bunion
2. Over-correction of the bunion, so that the big toe points inwards
3. Pain in the foot due to damage to the small nerves or blood vessels in the foot.
4. Non-healing of the bone
5. Stiffness of the big toe
6. The screws become prominent and require removal at a later date
7. Weight transfer to the second toe (a corn under the second toe)
8. Infection of the skin, and rarely of the bone
9. Blood clots
10. Anaesthetic problems.

Most problems can be treated by medications, therapy and on occasions by further surgery, but even allowing for these, sometimes a poor result ensues. For this reason, we do not advise surgery for cosmetic reasons. The level of symptoms before surgery must worth the risk of these complications. We also advise against prophylactic surgery (surgery to avoid problems that are not yet present). You can reduce the risk of complications by preparing yourself and your foot, as described in our hand out 'preparing for foot surgery'. If you are at particular risk of complication, this will be discussed with you. If you have any general or specific worries, you should ask the doctor treating you who will explain it to you.

14 NOTE

This leaflet has been written to help you understand more about your intended operation. Some patients will want to know more details. If you would like to know more, please ask, we will be happy to provide as much information as you feel you need. Above all else please do not proceed with surgery unless you are satisfied you understand all that you want to about the operation.

15 RESEARCH CONDUCTED BY MR METCALFE

Maher, A.J. and S.A. Metcalfe, First MTP joint arthrodesis for the treatment of hallux rigidus: Results of 29 consecutive cases using the foot health status questionnaire validated measurement tool. The Foot, 2008. 18(3): p. 123-130.

Maher, A.J. and S.A. Metcalfe, A report of UK experience in 917 cases of day care foot surgery using a validated outcome tool. The Foot, 2009. 19(2): p. 101-106.

Metcalfe, S.A., Olivelle, J., First metatarsophalangeal joint fusion and 2nd + 3rd metatarsal head resection for chronic plantar forefoot pain in rheumatoid arthritis as a day case procedure - a single case study Br. J. of Podiatry, 2007. 11(1): p. 150-153.

Taylor, N.G. and S.A. Metcalfe, A review of surgical outcomes of the Lapidus procedure for treatment of hallux abductovalgus and degenerative joint disease of the first MCJ. The Foot, 2008. 18(4): p. 206-210.

Taylor, N.G. and S.A. Metcalfe, Midfoot fusion using a locking plate system: A case report. The Foot, 2009. 19(3): p. 189-193