Bunions (Hallux Valgus)

Bunions are a common foot deformity of the big toe. They are often an inherited condition. Footwear does not directly cause bunions but may contribute. Bunions can occur in adolescence or develop as you get older. The deformity of a bunion tends to worsen over time.

*What symptoms do bunions cause?*
Bunions can cause painful rubbing over the bony prominence in footwear. This makes finding footwear difficult and may limit activities. They can also be associated with pain elsewhere in the foot due to altered weight bearing caused by the big toe deformity.

*What is the non-surgical treatment?*
You can try shoe modification with wider shoes to limit the rubbing. Splints and spacers may be helpful when worn to prevent rubbing. They will not correct the deformity permanently or prevent progression.

*What is the surgical treatment?*
Surgery is the most reliable and permanent way to correct your bunion. There are many operations used for bunion correction. The operation used by Mr. Curry is the Scarf-Akin osteotomy. This operation is widely used in Europe and Australia and avoids many of the problems associated with other bunion operations.

The operation comprises 5 parts
- An incision over the inside of the big toe is made. The tissues holding the big toe are released.
- The bony prominence from the metatarsal is removed.
- The metatarsal bone is cut (Scarf osteotomy) to realign the joint. This is fixed with 2 screws.
- The proximal phalanx bone is then cut (Akin osteotomy) to complete the correction. This is held with a staple.
- The final part of the operation is to repair and tighten the capsule where the bunion has stretched it. This helps to prevent recurrence.

*What is the success rate?*
90% of patients achieve a successful outcome after bunion surgery.
What does the rehabilitation involve?

- You are in hospital 1 night for one bunion
- For the first 2 weeks you should keep your feet elevated as much as possible to minimize swelling
- You are able to begin weightbearing immediately in a stiff soled shoe. His shoe is to be worn for 4-6 weeks. There is no plaster required.
- By 6 weeks you can begin wearing wide or open shoes and should be comfortable walking around your house.
- By 3 months you can begin wearing normal shoes and should be back to recreational walking.
- Swelling can take 6-9 months to resolve and tight shoes may be difficult for this period.

What if I have both feet corrected?
Recovery time is 50% longer when you have both bunions corrected at the same time.

Will the operation be painful?
Your operation will usually be done under general anaesthetic. To provide ongoing pain relief your anaesthetist will perform a nerve block whilst you are asleep which numbs the foot for 8-16 hours. So when you wake up you will have minimal pain. As the block wears off you will be given oral pain relief.

How long will I be off work?
This is dependent upon your occupation
- Seated job 3-4 weeks
- Standing job 6-8 weeks
- Heavy lifting job 8-12 weeks

When can I drive?
- Manual car
  - No driving for 6 weeks
- Automatic car
  - Left foot no driving for 2 weeks
  - Right foot no driving for 6 weeks

What are the risks of the procedure?

General risks of surgery
- Infection and wound healing problems
- Nerve injury and scar sensitivity
- Blood clots to the leg
- Anaesthetic problems
- Incomplete resolution of symptoms

Specific risks for bunion surgery
- Stiffness
- Recurrence of deformity
  - 1% chance per year
  - 10% over your lifetime
  - Recurrence is never as bad as the original deformity and often doesn't require surgery.
- Under or overcorrection of the toe
- Pain if arthritis is present
- Bones not healing

This information is an overview of the management of bunions and is not all inclusive. If you have any questions regarding this please contact Mr. Curry’s rooms on (03) 9928 6188.