

BUNIONS

The majority of people with bunions present with a discomfort over the inner aspect of their foot and have difficulty with shoe wear. The underlying problem is the angle that forms between the bones that support the 1st & 2nd toes. When this angle is increased it causes pressure along the inner side of the foot. The bunion itself is only a small bump on the edge of that bone. As the great toe drifts across, it also spins and this is because 2 bones underneath the foot slide out of joint and around to the side.

The operation to correct this condition is centred around reducing the angle that forms between the 1st & 2nd bones in the foot. This means that the innermost bone in the foot must be cut and moved across. It will be held with 2 screws. The bunion itself will be taken off at that time. This requires an incision that runs along the inner border of the foot. There will be a separate incision on the foot between the 1st & 2nd toes which releases the ligaments that hold the small bones that have slipped around to the side. This allows them to go back into position.

Occasionally there will be a problem with the bone that supports the 2nd toe or one of the lesser toes themselves. This may require an operation to straighten the toes which may require a small wire in the foot. This wire is usually removed in our consulting rooms at around the 4-6 week post-operative mark. Occasionally the bone supporting the 2nd toe will need to be shortened and this also requires a very small screw.

Frequently asked questions:

- **Is my bunion bad enough to warrant surgery?**

Bunion surgery can be undertaken when symptoms warrant. This has to be a balance between the discomfort the bunion gives you on a daily basis as opposed to what is involved in correcting it.

- **Will my bunions get worse if I prolong the surgery?**

For the most part bunions will progress to a point; however they can continue to get worse. The right time to have bunions operated on is when they cause enough discomfort and bother to warrant the inconvenience of the operation.

The right time to fix your bunions is when it fits into your life with regards work and family. For the most part this can be accommodated.

- **Is this Day Surgery or an Overnight stay?**

The majority of people will stay overnight and will be discharged early the following morning.

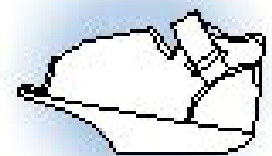
- **Is it painful?**

The surgery is performed under a General Anaesthetic and during the procedure we place local anaesthetic around the nerves that supply the foot. This makes the foot numb and usually lasts between 18-24 hours. For the most part this helps with the majority of the pain and usually simple analgesia is needed following this. This will be organised for you at the time of your surgery.

At different times in your recovery you may have moderate discomfort as you change shoe wear and alter your weight bearing.

- **Can I walk on the foot?**

At the time of your surgery a small half shoe is provided so that you can walk on the heel. This usually means that the use of a stick or crutches is not necessary. Occasionally this is required and if so it will be organised for you in hospital.



Bunion Boot



queensland
combined
orthopaedic
specialists

● **Can I drive?**

Manual Cars

If you have a manual car you are unable to drive for 6 weeks.

Automatic Cars

I recommend that you don't drive for 6 weeks if the surgery has been performed on the right foot.

If the surgery has been performed on the left foot you are able to drive after 2 weeks.

● **Can I remove the bandages?**

No. The bandages are to remain intact until you return for your post-operative appointment which is approximately 2 weeks following your surgery.

● **Can I get the bandages wet?**

No. For the first 2 weeks post surgery the foot is to be kept in a bag for showering.

● **What will I do if the bandages get wet?**

If the bandages are soaked then please contact our office as they may need to be changed. If only the very surface of the bandage is wet there is no need to be concerned.

● **Will I need a plaster?**

At the time of your operation a temporary small plaster will be placed under the bandage on the inside of your foot. This will come off 2 weeks after your operation and a splint will be placed on the foot. This will be removable so that you can have a shower.

● **How long before I can get back into shoes?**

The majority of people will get return to shoe wear in some form at around 6 weeks post-operatively. This is usually in the form of an open toed sandal as you will continue to have some swelling. The return to closed shoes can take up to 6 months, however each patient is different and in the great majority of cases, by 3 months, most patients are back into a relatively normal shoe.

● **Will I have stitches?**

Yes. In the majority of cases the sutures used are absorbable. The wounds will be inspected at your post-operative consultation. The tails of the sutures sometimes at that stage need to be clipped.

● **How long should I have off work?**

We recommend at least 2 weeks off work. It is preferable to take even up to 6 weeks if possible. Control of the swelling in the early phases of healing is very important.

● **Do the screws need to be removed?**

The screws that we use don't have a head on them and stay inside the bone. It is very rare for these to have to be removed and they can stay in situ for the rest of your life.

● **Do I take my normal medication?**

In the majority of cases we advise patients to take their normal medications on the day of their surgery. Please advise our office if you take Diabetic medication or Warfarin. You can continue to take anti-inflammatory medications and aspirins until the day of surgery.

● **Are there any risks?**

The risks of the surgery are similar to most operations.

The risk of infection is between 1-2%.

There is a risk that you can get a deep venous thrombosis and in very rare cases this can break off and go to your lungs to cause a pulmonary embolus. This is exceptionally rare.

There is a nerve that runs close to where we are operating and there may be some transient numbness associated with this. Because we are operating around a joint, there can be some stiffness of the great toe. This is usually avoidable.

The deformity can recur and possibly up to 10% recur over a period of 10-15 years. This usually doesn't require further treatment.

In very rare cases the toe can drift the other way. This is called hallux varus.

Because we cut the bone there is also a slight risk that the bone won't heal. Again this is very unusual.

● **What do I do in an emergency?**

If there is an emergency please contact our office on **Ph: 3232 7566.**

There is an on call roster of the orthopaedic surgeons in our clinic and assistance will be provided if needed.