

Patient Information leaflet

Bunion

What is a bunion (Scientific name: Hallux Valgus)?

Bunion is a deformity of the big toe where it tilts over to the 2nd toe leading to a bony bump on the inside of the big toe.

What causes the bunion deformity?

Bunions tend to run in families making some individuals more prone to develop them, especially in women and individuals with flexible feet. The deformity can progress and aggravate by using footwear with high heels and narrow toe-box (although not considered to be a cause for the deformity).

What are the symptoms?

Bunion may not cause any problem but may cause pain, localised swelling and redness (or infection) over the bony bump, widening of forefoot, difficulty in wearing appropriate shoes, deformity of the 2nd (and other) toe and may lead to arthritis in the big toe joint.

What treatment options are available for bunion?

Many individuals may not require any form of treatment. In case of mild discomfort, appropriate and wide-fitting shoes and bunion pads can help. If pain and deformity is progressive, severely painful and causes difficulties in activities of daily living then surgery may be needed to correct the bunion.

Surgery for Bunion

The aim of surgery is to alleviate the pain, straighten the shape of the big toe and hence improve the function of daily living. Surgery is not done for cosmetic reasons. Surgery will not give you an entirely normal foot, but it will correct the deformity of the big toe and narrow the forefoot to a more desirable shape.

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The operation is usually performed as a day case procedure. It can be done either under a general or a spinal anaesthetic (the options discussed by the anaesthetic in detail prior to surgery) depending on your medical fitness and mutual preference. Regional local anaesthetic in the nerves of the lower part of the leg is also often used to help in maintaining appropriate pain relief after surgery.

The operation involves making a cut (incision) over the bunion, excision of the bony bump, a cut in the big toe bone and fixing it in a straight position using small screws. The wound is closed with removable (removed in two weeks after surgery) or absorbable sutures depending on surgeon's preference. You will have a bulky wool and crepe bandage around the foot and will be provided with a wooden-sole shoe and a pair of crutches to help in mobilising for a period of 6 weeks, through which you are allowed to weight bear as you are able.

Recovery

In the first few days, elevation of the foot is recommended (above the level of heart) to help minimising the swelling. You will require oral pain killer medications in the first few days to keep the pain under control. You will be reviewed in clinic or at your GP surgery in 2 weeks after surgery to check the wound and remove the sutures.

You will then be reviewed at 6 weeks stage in clinic for obtaining an x-ray of your foot to assess the healing and usually start to use your own shoe wear at this stage. You will be encouraged to mobilise your foot and the big toe with gradual return to normal activities and driving depending on your comfort level from there onwards.

In case of left foot surgery, you can start driving an automatic car once the wound has healed. In case of right foot surgery, most individuals can start driving at around 8 weeks after surgery. Air travel is not recommended within 6 weeks after surgery. Return to an office based job may be possible at around

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6-8 weeks (depending on the need for driving). Manual work is not recommended until up to 12 weeks.

What complications can occur after surgery?

Potential risks and complications after bunion surgery include infection, wound problems, bleeding, blood clots in the leg or lungs (deep vein thrombosis, pulmonary embolism), delayed healing or non-healing of the bone, ongoing pain, stiffness in the big toe joint, numbness around the scar, chronic regional pain syndrome, metalwork problems that may require removal, long-term recurrence of the bunion requiring further treatment and anaesthetic risks. These potential problems occur in a small percentage of cases but the risk increases with the presence of certain medical conditions and the use of certain long-term medications.

