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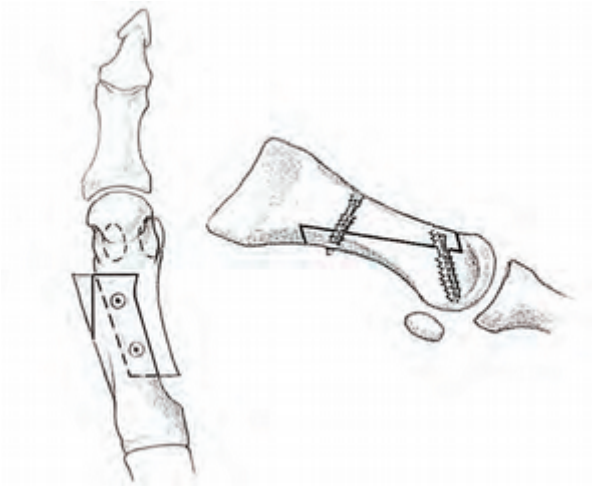
Bunions

Hallux valgus (Bunions)

Bunions are a common deformity in the community. They occur due to a muscle imbalance that is either inherited or caused by inappropriate footwear. Bunions worsen with advancing age and can eventually cause pain and deformity. The bunion may damage other parts of your feet as well. Pain is felt because of their size and abnormal mechanics. The time to have treatment is when they cause significant pain or you have difficulty in finding comfortable footwear. Occasionally bunions are treated when they are not painful in themselves but are placing the rest of the foot at risk of major problems.

Surgical treatment

Modern treatment of Bunions uses the Scarf/Akin Osteotomy. Many operations for bunions have been tried over the years with varying levels of success. Most have failed due to high recurrence rates, excessive joint stiffness or by transferring problems to other parts of the foot. The Scarf/Akin Osteotomy solves many of these problems.
The procedure has been popularised by Mr. Louis Barouk, a French foot specialist and it is the most common bunion operation performed in that country. The keys to its success are that it is restores foot mechanics, allows excellent joint motion and has very low recurrence rates.



Scarf Osteomy to correct bone alignment

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The procedure has 5 components performed through two incisions. Initially, one of the tight ligaments on the opposite side of the bunion is released. Then the bunion is shaved. The metatarsal bone is cut and adjusted to narrow the foot and realign the joint. This is called a Scarf Osteotomy and two small screws are placed in the bone to provide solid fixation. After this a fine wedge of bone is removed from the phalanx bone to straighten the big toe. This is the Akin Osteotomy and a small staple or screw is used to hold the bone in place. The joint capsule is tightened where the bunion has stretched it and the skin is closed. The metalwork does not need to be removed.

Often the lesser toes are also affected and theses deformities may be corrected at the same time. The lesser toes may be treated by removing some bone from one of the small joints, releasing tendons and soft tissues
and using removeable pins to hold the toes straight. If pins are used in the lesser toes these are removed after 4 weeks. Correction of lesser toes requires many bones, tendons and ligaments to be balanced and may occasionally require an adjustment in the first 3-6 months after initial surgery.

Immediate weight bearing is possible and plaster is not required. Once the bandages are removed in 14 days and the wound healed you are free to move about as you wish. As with all foot surgery, swelling occurs and this is the main limitation to activity and footwear in the early phases. Swelling increases over a 6 week period and then reduces over a further 6 weeks. As such your final result begins 3 months after surgery. As the mechanics in your foot have been substantially changed, your body will go on making subtle adjustments over a 12 month period.

Foot surgery without appropriate pain relief is extremely uncomfortable. While the operation is done under general anaesthetic, a nerve block is usually performed, which puts the foot to sleep for around 12-18 hours. You should wake up from surgery without pain and when the block wears off you can take simple oral painkillers. This makes a large difference in the overall surgical experience reducing anxiety and improving recovery.

Risks and Complications

No surgery is risk free. The risks and complications will be assessed and discussed with you. There is always a small risk of infection, blood clots and anaesthetic problems and measures are taken to reduce these. In Bunion surgery there is also a 2-5% chance of recurrence of the deformity, overcorrection of the big toe or problems with bone fixation. Conversely, there is generally a 95% chance of a successful outcome

Recovery

Unilateral

Hospital Stay	1 night
Rest & Elevation	1 week
Suture Removal	2 weeks
Crutches required	1-2 weeks
Time off work	
1– Seated	2-3 weeks
2– Standing	4-6 weeks

Bilateral

Hospital Stay	2 nights
Rest & Elevation	10 days
Suture Removal	2 weeks
Crutches required	1-2 weeks
Time off work	
1– Seated	3-4 weeks
2– Standing	6-8 weeks

General

Foot swelling	12 weeks
Shoes	
- Hospital	3-4 weeks
- Wide	4-8 weeks
- Normal	8-12 weeks
- New	> 12 weeks

This brochure is a brief overview of the surgical management of bunions and not designed to be all-inclusive. If you have any further questions, please discuss them with your surgeon.