

Hallux Valgus (Bunions)

Bunions are a common deformity in the community. They are thought to occur due to a muscle imbalance that is often inherited. Inappropriate footwear may exacerbate the condition however is not usually the underlying cause. Bunions worsen with advancing age and can eventually cause pain and deformity. The bunion may also result in to damage other parts of your feet. Pain is felt because of their size and abnormal biomechanics. The time to have treatment is when they cause significant pain or you have difficulty in finding comfortable footwear.

OPERATIVE MANAGEMENT

The operative treatment of bunion correction that is utilized by your surgeon is the Scarf and 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 (French orthopaedic foot surgeon) and it is the most common style of bunion operation performed in Europe. The keys to its success are that it restores foot mechanics, allows early return of joint motion, and has low recurrence rates.

The procedure has 5 components performed through 2 incisions. Initially, one of the tight ligaments and the tight muscle on the opposite side of the bunion is released. The bunion is then shaved. The metatarsal bone is cut and adjusted to narrow the foot and realign the joint. This is called a Scarf osteotomy, and 2 small screws are placed in the bone to provide solid fixation. After this a 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 finally tightened where the bunion has stretched it and the skin is closed. The metalwork usually does not need to be removed.

BEFORE



More recently, this procedure has become possible for many patients using a minimally invasive technique. This allows the use of smaller incisions (usually 5 or 6 incisions around 3-5mm in length) and generally results in a slightly more rapid recovery and an improved cosmetic result. As the underlying bony procedure is almost identical to that of the open technique, the longer-term results are very similar.

AFTER



POST-OPERATIVE MANAGEMENT

Immediate weight bearing is possible in a post-operative stiff soled shoe and plaster is not required. The way your foot has been bandaged assists in holding the big toe in place, with the post-operative shoe protecting the toe when you walk. This takes the place of a plaster and accordingly is required for between 4 and 6 weeks. As with all foot surgery, swelling occurs and this is the main limitation to activity and footwear in the early stages. Swelling often

increases over a 6-week period and then reduces over a further 6 weeks. As such your final result will begin 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 performed under general anaesthetic, a nerve block is also usually inserted, which puts the foot to sleep for around 12-18 hours. You should wake up from surgery with minimal pain and it is now uncommon for injectable pain relief to be required. When the block wears off you can take simple oral pain relief. It is important to start taking your oral pain relief prior to the block wearing off as once the pain becomes intense, it can become difficult to manage.

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 with lower limb surgery and measures are taken to reduce these. In bunion surgery there is also a 5% chance of recurrence of the deformity, overcorrection of the big toe, or problems with bone fixation. Very rarely, the toe can become numb or hypersensitive for a prolonged period. Conversely, a successful outcome is achieved in more than 90% of patients.

RECOVERY TIMES

Hospital stay	1 night
Rest & elevation	10 days
Crutches / Frame	1-2 weeks
Foot swelling	12 weeks

SHOES

Hospital	<6 weeks
Wide	6-12 weeks
Normal	12 weeks
Fashionable	Up to 6 months

TIME OFF WORK

Seated	3-4 weeks
Standing	6-8 weeks
Lifting / Carrying	8-12 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 do not hesitate to contact your surgeon.

These notes have been prepared by orthopaedic surgeons at OrthoSport Victoria. They are general overviews and information aimed for use by their specific patients and reflects their views, opinions and recommendations. This does not constitute medical advice. The contents are provided for information and education purposes only and not for the purpose of rendering medical advice. Please seek the advice of your specific surgeon or other health care provider with any questions regarding medical conditions and treatment.