

Hallux Valgus (Bunion)



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 damage to other parts of your feet, including the lesser toes. 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.

Non-operative Management

Milder bunion deformities that do not cause significant pain can be treated without surgery. Simple measures including appropriate footwear selection, painkillers and in some instances orthotics can be helpful. In the majority of cases, bunion deformities are likely to progress over time. When non-operative measures fail, surgery may be required to restore the function of the foot and improve pain levels.

Operative Management



Scarf-Akin osteotomy procedure



Minimally invasive surgical procedure and intramedullary procedure

The operative treatment of bunion correction can be addressed via a number of different techniques. Whilst the technical aspects differ slightly, the surgical goals remain the same: restoration of foot mechanics, early return of joint motion, and a reduction in future recurrence. Traditionally an open incision is made over the inside of the big toe. This allows access for performing the Scarf/Akin osteotomy, which is held with a number of small screws and remains the most common bunion operation performed in Australia. With advances in minimally invasive surgery, it is now possible to perform bunion surgery through a series of smaller incisions. Advantages of this technique include less

soft-tissue disruption, less post-operative pain and a shorter period of time to start mobilising. Your surgeon will discuss this with you and whether they think this procedure is suitable for your condition. In some instances where there is significant soft-tissue laxity or hyper-mobility in the foot, it may be more appropriate to perform a different technique where a small rod and screws are placed into the big toe (intramedullary) to provide more stability. Again, your surgeon will advise you on which technique they think is best for you on an individual basis.

Post-Operative Management

Immediate weight bearing is possible in a post-operative stiff soled shoe, and a plaster is not required. The way your foot is 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 4-6 weeks. Given the advances in surgical techniques and the ability to weight bear immediately, some patients can now be safely discharged home on the same day as their operation.

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 usually administered, which numbs the nerves in the foot for around 12-18 hours. You should wake up from surgery with minimal pain and it is now uncommon for very strong 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.

Risks & 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 or same day discharge
Rest & elevation	10 days
Crutches/frame	1-2 weeks
Foot swelling	12 weeks

Time off work	
Seated	3-4 weeks
Standing	6-8 weeks
Lifting/Carrying	8-12 weeks

Shoes	
Post-op sandal	4-6 weeks
Wide	6-12 weeks
Normal	12 weeks
'Fashionable'	Up to 6 months

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.

Last Updated: April 2024.

