

Bunion correction surgery

Information for patients

What are the benefits of bunion correction surgery?

The potential **benefits** from surgery are:

- A reduction in pain
- Improved alignment of the big toe, making the toe straighter
- The bulkiness of the joint is removed, reducing the bump and therefore footwear is more comfortable.

An improvement in these factors may also have a positive impact on your mobility and function.

What are the risks?

There are no guarantees regarding surgery. The success rate of surgery is about 80%. However, not all patients are satisfied with the outcome and a small number of patients are worse off (e.g. increased pain, stiff joint, negative impact on activities). There are specific risks with this type of operation and the outcomes are not always as expected. These risks have been detailed within this document and it is important that you read over these carefully before requesting an operation.

There is a lengthy recovery following this type of operation. It will be 3 months before you return to usual activities. You will need to wear a special shoe for six weeks, you will be off work for six weeks, and you will be unable to drive for at least six weeks. Feedback from patients tells us it can be as much as one year after surgery before things settle down fully.

Lastly, it is important for you to know that bunions can come back and footwear limitations will continue despite surgery.

Are there alternatives to the surgery?

If you decide not to have an operation, you can manage your symptoms by altering your activity levels, using painkillers, and changing footwear to extra width or special footwear possibly with a cushion-pad or in-shoe foot support. You should **avoid high heels and shoes with a narrow toe**.

Can I do nothing?

In general, this is not a life or limb threatening condition and surgery is **not** essential. Doing **nothing** is an option. Surgery can be done at anytime and we can continue to monitor your symptoms.

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1. Introduction to this guide

As a patient you have the right to make choices about your own health and care. This booklet provides information on what to expect when you have bunion correction surgery. The information will help you to decide whether the planned treatment is the best option for you at this time. You will get the best outcomes by taking an active role in your care, by talking with your healthcare professional and planning ahead. Every individual is unique and this booklet provides general information. It is a guide, so that you can have an informed discussion with your surgical team. You, your family and friends should read this booklet carefully before surgery and refer to it during your healing process. You should consider the options available to you, including non-surgical management. Ask your surgical team to explain anything you do not understand. This will help if you are feeling a little worried.

What are bunions?

A bunion (medical term: hallux valgus) is a deformity of the big toe where there is an angle between the toe and the foot. This leads to widening of the foot and a prominence or bump over the joint causing problems with footwear, inflammation of the joint and pain. The big toe can start to crowd the other toes which may also become deformed (hammer/claw toes). Sometimes pain is experienced under the second toe "knuckle" joint.

What causes bunions?

The cause is usually hereditary and there may be a history of foot problems in your family. Shoes cause the symptoms (pain and irritation), rather than causing the actual bunion. Not everyone has problems with bunions. Problems are usually caused by shoes rubbing on the bump. Tight fitting shoes make the problem worse. Bunions are more common in women and more common in middle to later ages.

Gout

Sometimes pain and swelling in the big toe joint is caused by gout. Gout is a reaction to crystals forming in the joint. Gout is treated with medication (Allopurinol and anti-inflammatory drugs), not an operation. A blood test can help with the diagnosis of gout.

Photograph of severe bunions



2. Non-surgical treatments

You can manage your symptoms by altering activity levels, using painkillers and changing footwear to extra width or special footwear possibly with a cushion-pad or in-shoe foot support. **Avoid high heels and shoes with a narrow toe.**

Painkillers: such as paracetamol or a non-steroidal anti-inflammatory drug, such as ibuprofen (if suitable). These drugs can be bought in the chemist or the supermarket.

Pads: You can try self-care treatments for symptomatic relief, such as bunion pads (available over-the-counter at the pharmacy) to stop footwear rubbing. Insoles and toe spacers can also help, although they will not straighten out your toe or take away the bump.

Podiatry: a podiatrist can help with bunion symptoms and issue pads/insoles/orthoses which can improve foot posture and pain in the joint. You can self refer to a NHS podiatrist or seek care privately.

3. Surgical treatment

Bunion surgery is one of the most commonly performed foot and ankle procedures. It may help relieve pain and improve the alignment of the toe in most people; however, there is no guarantee that the foot will be perfectly straight or pain-free after surgery. Overall, about 80% (8 out of 10) patients will have a good outcome from bunion surgery.

Indications for surgery

Surgery may be needed if the above measures have been tried and failed. Some patients worry that the deformity may become worse and therefore prefer it to be corrected earlier rather than later. However, rapid progression of a bunion deformity is unusual. The decision to go ahead with surgery is usually made based on the following symptoms:

- The deformity is painful and worsening
- The second toe is involved and becomes a problem
- Difficulty obtaining suitable shoes
- There is significant disruption to your lifestyle or activities
- Referral for bunion surgery is needed only for pain and is **not** performed for cosmetic purposes.

Pain, discomfort, and failure of conservative measures to relieve symptoms and meet lifestyle needs should be the major considerations for surgical correction.

- You should be aware that recovery from bunion correction surgery can be lengthy and there are no guarantees regarding the outcome
- Surgery is **not** carried out for cosmetic reasons and surgery is not carried out “prophylactically” (preventative surgery – to avoid problems that are not yet present).

4. Aims of surgery

- To reduce pain and deformity
- To improve your big toe alignment (make it straighter)
- Make footwear more comfortable
- Improve the function of your foot.

The purpose of surgery is to **reduce pain** and **improve function**. We will **not** offer surgery to improve the appearance of your foot. The recovery period for surgery to the big toe is long and can be very frustrating. However, if you feel your toe is problematic enough and significantly affecting your activities of daily living, surgery may be an option for you.

5. On the day of your operation:

The operation is done on a **day case basis** where you come in to hospital and go home on the same day. The operation is usually performed under a **general anaesthetic** so you are asleep for the operation. A local anaesthetic (“ankle block”) will be administered at the time of your operation so that your foot will be numb and pain free when you wake up after your operation. The operation takes about an hour, although you will be in the Day Surgery unit for most of the day (you may want to bring a book or magazine to read- please do not bring any valuables with you).

About your operation

The operation involves removing the bump and straightening out the angle between your toe and the long bone in your foot (metatarsal). To do this we firstly release the tight soft tissue on the outside of your toe. This sometimes involves a small scar between the first and second toes. The bump is removed from the bunion and then we divide the long bone (osteotomy), realign it and then fix with two small screws (scarf osteotomy). Sometimes an additional operation is carried out on the toe bone where a wedge of bone is removed from the toe and this can give some additional correction (Akin osteotomy). Again, this is fixed with some metalwork, usually a small staple.

The skin layers are stitched together with stitches that dissolve (clear stitches). Sometimes the knot is tied on the **outside of the skin**. This can be **trimmed flush with the skin** by the nurse at your first review appointment at 2 weeks. There is no need for the stitch material to be removed completely. Occasionally, you may need non-dissolvable stitches that need to be removed after two weeks (blue or black stitches).

Diagram of bunion correction surgery (Scarf osteotomy) showing the division of bone and placement of the metal screws:



X-ray before surgery



X-ray after surgery



6. Recovery after surgery – the postoperative period

Recovery from surgery can be lengthy and it may be as much as a year, or more, before your post-operation symptoms have settled down completely. Pain and swelling is to be expected for many weeks and months after your operation.

During your recovery period, you will need to limit your normal daily, family, work and driving commitments. You will be able to look after yourself (for example going to the toilet and simple cooking). In agreeing to progress with surgery, you are expected to comply with post-operation instructions. Please follow the advice below for several weeks after your surgery:

- No household chores (cleaning, standing to cook, ironing etc.)
- No shopping
- No dog walking
- No looking after young children or elderly relatives
- No driving (until 6-8 weeks after your surgery)
- You should take time off work for at least 6 weeks even if you have a sitting job as you must be able to raise your foot. You should also consider how you will travel to work and whether you will be standing or walking at work. If possible try to work shorter or fewer days or work from home.

You must have a competent adult at home for the first night after your surgery in case you experience any difficulties during the first night. If this is not the case you will need to stay in the hospital overnight. Your foot will be bandaged. You must use the special shoe and the crutches- these will be given to you by the hospital. At home, it is important to raise your foot when sitting and rest over the first few weeks to help the swelling and the pain to settle. You must keep your bandage dry. The bandage should not be changed until your first clinic appointment, about two weeks after your operation. You will be given instructions on the day of your operation in case you have problems.

If needed, you will be given a sick note for your employer.

You will be provided with some pain killers to take home (more information will be given regarding **post-operative instructions** on the day of your operation).

First 2-4 days

This is the worst time for pain but you will be given painkillers to help. You must rest completely for 2-4 days.

You will be able to stand and take weight carefully (using crutches) after the operation, but you must rest, with your feet up (above hip level), as much as possible. You will be able weight bear in the special shoe (see below) but you should restrict your walking to going to the bathroom. A physiotherapist will show you how to use your crutches. You can move about a little more after 3 days.

4 – 14 days after surgery

After about 4 days, your pain should start to improve. You may start to do a little more within pain limits. Pain means you are doing too much.

The dressing must be kept dry. You should avoid using the shower. However, **Limbo** water proof protectors are useful and are obtainable online at limboproducts.co.uk or by telephone on: 01243 573 417. These are not supplied by us so you will have to purchase them yourself, but they will allow you to shower after your operation. The cost is about £10 plus postage.

At two weeks after surgery

You will have an appointment to check on the progress of your recovery. The bandage will be removed, the wound will be cleaned and any sutures removed (if applicable). A light dressing will be applied to cover your wound. You should no longer need a bandage at this stage. You can now get your foot wet, providing the wound has healed satisfactorily. You should no longer need to use the crutches but you will need to continue to wear the special shoes for a further **4 weeks**. You can gradually increase your level of activity gently. You will still need to rest between your activities.

Between 2-6 weeks after surgery

- The wound should be healing
- Your foot will still be quite swollen, especially at the end of the day and this is quite normal at this stage
- Your foot will still be quite painful, particularly around the joint and movement will be uncomfortable. Again this is quite normal
- Some redness is to be expected at this stage. Sometimes the colouration comes and goes (for example, it may appear more red after a shower)
- You will require a review appointment at 6 weeks which is normally at the Royal Infirmary of Edinburgh (RIE). An x-ray will be taken

- You can stop wearing your special shoe at six weeks after the surgery
- **Work** - You may return to work **after** 6 weeks but may need longer if you have an active job. For certain jobs, this could be an unrealistic expectation
- **Driving** – allow six weeks before returning to driving and check with your insurance company
- **Sports** - Whilst normal activity will be resumed, sport should be avoided until 12 weeks after surgery.

Please note

When you attend for your 6 week review appointment following your surgery:

- You will still have pain in the joint
- The joint will still be stiff
- You will still have some swelling in your foot
- You will still have some redness
- You will still be putting your weight onto the outside of your foot.

These features are all entirely normal, at this stage, and are to be expected.

Between 6-12 weeks after surgery

Your foot should continue to improve and begin to feel normal again. There will be less swelling. You may return to driving if you can perform an emergency stop. You must check with your insurance company before driving again. Sport can be considered after 3 months depending on your recovery.

Six to twelve months after surgery

The swelling should now be slight and you should be getting the full benefit of surgery. If you are still having pain at this stage it may be that there is a delay in the bone uniting (non-union) or it may be that the metalwork is causing some symptoms.

Twelve months after surgery

It can take as long as twelve months for post-operative pain, swelling and stiffness to settle completely. The foot has stopped improving, healing is complete.

Please note: if a complication arises, such as infection, your recovery may be delayed.

It is expected that, in consenting to proceed with this operation, you agree to comply with the above post-operative instructions.

It is important to be aware that it can take **many months** for you to recover fully from your operation. Post-operative pain and swelling can persist for 6 months or longer after surgery. This may have no adverse consequences for day-to-day activities, but can affect your ability to wear tight shoes, **heels** or fashionable women's shoes.

If you have any concerns following your operation, and you would like to speak to a member of our team, please contact **0131 536 3720** (during business hours). In an emergency contact your GP, NHS 24 or attend your nearest Accident and Emergency.

Special (forefoot offloading) shoe - to be worn for six weeks after surgery



7. Risks of surgery (scarf / Akin procedure and lateral release)

Complications happen with any operation and bunion correction surgery is no exception.

Complications after bunion surgery may include infection, joint stiffness, transfer pain (pain under the ball of the foot), hallux varus (overcorrection), bunion recurrence, damage to the nerves, and continued long-term pain.

The following list of risks is intended to give you as much information as possible. This will help you to make an informed decision as to whether you wish to go ahead with surgery or not. Please take a few minutes to read over the following list of potential complications. You may also find it helpful to discuss these with friends and family. If there are any items that you are not clear about, or that you don't understand, please discuss these with staff when you attend for your **Pre-Assessment Clinic**.

Some risks are more likely to occur than others. We have tried to give you an indication as to the likelihood of each complication listed, namely: those that are likely to happen, those that happen from time to time, happen only very occasionally and those that are unlikely and very unlikely to happen. The risk of complications following your surgery is increased with pre-existing medical conditions such as: diabetes, peripheral vascular disease, if you are immunocompromised, if you take immune-suppression medication (e.g. steroids or rheumatoid medication) and if you are a smoker.

Likely to happen

Post-operative pain, swelling, bleeding and bruising

These are to be expected. Pain is the worst over the first 24-48 hours. We will give you painkillers to help with your pain but you must rest and keep your leg elevated and do minimal walking, especially for the first few days. Bleeding can happen, usually in the first day or two and bruising is common. We will give you more information regarding these aspects on the day of your surgery.

Post-operative pain and swelling can persist for some months after your operation. It may be as much as one year, or more, before you fully recover from your operation.

Joint stiffness

Your joint is likely to become stiffer after your operation. This can be helped by self-administering some exercises to your toe. We will instruct you on how to do this in the clinic following your operation (see **After surgery advice** on page 17). Despite this you may still have some residual **stiffness in the joint**. This might not have an impact on your day-to-day activities but can affect your ability to wear fashionable women's shoes, especially **heels**. If your joint is stiff to start with, the operation is unlikely to improve this and may even make the stiffness worse.

Can happen from time to time

Infection

Infection is a risk with any surgical procedure and this does happen from time to time with bunion correction surgery. The risk of wound infection is about 1-2%. However, although the risk may be relatively low, when it does occur infection can be extremely serious and the risk of infection should not be taken lightly.

If your wound becomes infected we may prescribe you antibiotics but unfortunately, from time to time, infection can be more invasive and, on occasions, it spreads to the deeper tissues and even bones or joints can become infected (osteomyelitis / septic arthritis). This is much more difficult to treat and may require “stronger” antibiotics for a longer period and sometimes a stay in hospital is required, often for **intravenous antibiotics** (where the antibiotics are given through a thin plastic tube which is injected into your vein).

Potentially, deep or spreading infection can be **limb or even life threatening** and further surgery may be essential on a **non-elective** basis and this might involve the removal of the infected bone/tissue, which may have long term consequences.

Numbness

Sometimes the nerves to your toe become damaged during the operation. This may leave you with some numbness in your toe which should eventually recover. However nerves repair very slowly and it may take some time for the sensation to return to normal. If the nerves fail to recover fully, you may be left with some permanent numbness in your toe. Infrequently, the skin or scar may become hypersensitive and tender.

Residual pain

It is possible that you may continue to be troubled with pain in your joint despite the operation. Rarely patients may have increased pain following their operation.

Recurrent deformity

Unfortunately, despite our best efforts, bunion deformity can recur after surgery. Some people are more likely to have this (for example, people with **excessively mobile joints** and **flat feet**). You may be required to wear insoles in your shoes indefinitely to help reduce the risk of recurrence. Younger patients are also more at risk of recurrence as time goes on. Further surgery may be required.

Over or under correction of bunion deformity

Sometimes the bunion deformity can be under corrected. This is more likely with a severe deformity where it can be difficult to achieve full correction. Over correction is less likely to occur but can be more troublesome as it could result in a “varus toe” where the toe points inwards. This may present you with difficulty with shoe fitting and further surgery may be required.

Happens only very occasionally

Transfer metatarsalgia (pain in ball of foot)

Bunion correction surgery may upset the balance of pressure in the front of your foot. This may lead to overloading on the ball of your foot, which may be painful and may also lead to thickening of the skin (corns/callous).

Prominent metalwork

Occasionally the metal work we use to fix your bones becomes prominent and uncomfortable in your shoes. Metalwork may have to be removed. This would require a further, small operation.

Need for further surgery

Sometimes further surgery is needed (for example: removal of prominent metalwork, infection, recurrent deformity or residual pain).

Tender (hypersensitive) scar

Scars can become tender or hypersensitive. If this happens, hopefully it is only temporary and will eventually improve with time. Usually, simple measures can help improve this (see After surgery advice on page 17 of this booklet regarding massaging the scar). Only very rarely does this become a lasting problem.

Hypertrophic scarring or keloid scarring

Very occasionally, the scar tissue produced is excessive. This may lead to a reddened and unsightly scar but is not likely to give you any pain. Some people are more likely to develop this problem than others.

Fracture

After your bunion correction surgery, your bone is weakened for the first few weeks. You need to protect your foot with the special (forefoot off-loading) shoe supplied to you. You will need to wear this at all times when weight bearing for at least six weeks.

Complex regional pain syndrome

Complex regional pain syndrome (CRPS) is caused by damage to, or malfunction of, the nerves, usually after an injury or surgery. CRPS is characterised by prolonged or excessive pain and mild or dramatic changes in skin colour, temperature, and/or swelling in the affected area. Most cases are mild and individuals recover gradually with time.

Unlikely to happen

Non / mal union (Bones not healing or healing in a bad position)

It is possible that the bones which have been “broken” are slow to heal afterwards. It is also possible that the bones do not heal at all. This is a very rare occurrence with bunion correction surgery. People who smoke are at greater risk of this complication. People with thin bones (osteoporosis) are also at increased risk. Sometimes the bones heal in a bad position and this may lead to problems.

Avascular necrosis

Avascular necrosis is the bone dying and crumbling after injury to the blood supply. We rarely see this happen but it is a theoretical risk.

Deep Vein Thrombosis (DVT)/Pulmonary Embolism (PE)

A deep vein thrombosis is a blood clot in your leg. If this happens it can be very serious and can be life threatening if the clot moves to your lungs (**pulmonary embolism**). However, it is very unlikely to occur with this procedure and measures will be taken to guard against this happening. If you are at higher risk from DVT, additional measures such as blood thinning medication will be given to you after your operation.

(A further Patient Information Leaflet is available which explains DVTs in more detail).

Very unlikely to happen (1 in 10 000)

Amputation

Severe infection or other complications of surgery may lead to loss of toe(s) or foot or leg. The risk of amputation as a result of your operation is increased with pre-existing medical conditions such as: diabetes, peripheral vascular disease, if you are immuno-compromised, if you take immune-suppression medication (e.g. steroids or rheumatoid medication) and if you are a smoker.

Death

Death may arise as a result of complications of your operation or anaesthetic (such as: blood clots or severe infection). The risk of death as a result of your operation is increased with pre-existing medical conditions such as: heart disease, lung disease and kidney disease.

Elective surgery in the context of COVID 19 pandemic

A recent study in The Lancet published on 29th May 2020 concluded:

“Postoperative pulmonary complications occur in half of patients with perioperative SARS-CoV-2 infection and are associated with high mortality. Thresholds for surgery during the COVID-19 pandemic should be higher than during normal practice, particularly in men aged 70 years and older. Consideration should be given for postponing non-urgent procedures and promoting non-operative treatment to delay or avoid the need for surgery.”

Lastly, there are no guarantees regarding the outcome of bunion correction surgery. We will do our utmost to improve your situation, but you should be aware that there is a risk that you may not be satisfied with the outcome of your surgery. Although a success rate of 80% might sound encouraging, it does mean that 1 in 5 patients are not better off or may be even be worse off following this type of surgery. **Not everyone is satisfied with the outcome of bunion correction surgery.**

Please note: The above success rate of 80% is based on a population with an average age of about 55. If you are considerably younger than this the demands on your feet, and therefore of the operation, are likely to be greater than older patients. You should take this into consideration before proceeding with an operation.

The above list has tried to include most complications that potentially may arise as a result of bunion correction surgery- however, it is impossible for us to cover all eventualities.

Alternative operations which may be carried out:

Bunionectomy

Sometimes, in cases of mild deformity, it is possible to do a lesser operation than described above. A **bunionectomy** involves trimming the bump only. This is less invasive than “full bunion correction surgery” and the recovery is quicker- about 2 to 4 weeks on average.

Joint fusion

If there is pain, stiffness and signs of wear and tear in the joint (osteoarthritis), then the above operations may not be adequate and you may be left with pain and stiffness in the joint. Sometimes “**fusion**” of the joint is required. This involves joining the two bones that form the joint together, usually with a staple or screw. This will leave the joint completely stiff with no movement at the base of the toe. This will be discussed with you before your operation but you may be asked to give **consent to both operations and for a decision to be made at the time of your operation.**

You should be aware that joint fusion will leave the joint solid and unyielding at the base of the toe, although the end joint will still bend. Potentially this may impact on some of your activities but moderate activities are usually tolerated. For women, you will not be able to wear a shoe with a heel, other than a modest heel.

Additional operations which may be carried out at the same time:



Toe straightening operation- proximal interphalangeal (PIP) joint fusion

Very commonly, bunions cause problems with the other toes and lead to deformity (hammer toes). This usually affects the second toe (toe next to big toe) but can also affect the middle toe and even the fourth. Sometimes it is necessary to straighten these deformed toes at the same time as your bunion operation. This involves removing the small joint in your toe (**PIP joint fusion**) and a temporary metal wire is then inserted down your toe. The wire will protrude from the tip of your toe by about 1cm. The wire will be removed at your outpatient clinic appointment after about six weeks. This is not painful to do and does not require an anaesthetic.

The risks of this operation are covered in the risks detailed above in section 7 (risks of surgery). The metal wires can sometimes become infected and the wire has to be removed sooner than planned. Very occasionally the wire can break leaving a fragment remaining in the toe. These fragments of wire rarely give problems. Sometimes the wires move and protrude more from the end of the toe. If this happens we may remove the wire. Lastly, a very unlikely risk of this procedure is damage to the blood vessels that could cause loss of the toe.



Morton's neuroma surgery

Bunions can cause irritation to the nerves in the foot and this can give rise to a swelling on the nerve called a **neuroma**. Surgery to remove the neuroma is done at the same time as your bunion operation. This will involve another cut on the top of your foot. The risks of this operation are covered above in section 7 (risks of surgery), but you should additionally expect to have permanent numbness in your toes. Surgery to remove a neuroma is not always successful and your pain may not be better afterwards (38% risk), you may have worse foot pain (8%) and neuromas may grow back (20-25% risk).



Weil's osteotomy

With bunions, pain, hard skin or corns commonly occur under the knuckle joints in the ball of your foot. This is because the bunion causes pressure under the knuckle. It is often necessary to tackle this with a **Weil's osteotomy**. A Weil's osteotomy involves a cut in the long bones in the front part of your foot (metatarsal) and the bone is realigned (shortened and lifted up) to reduce the pressure. The divided bone is then fixed with a small screw that will remain in your foot afterwards. This may be necessary on one or more of the metatarsal bones. The risks of this operation are covered in section 7 (risks of surgery). One common risk of this operation is stiffness in the knuckle joint. Sometimes if only one metatarsal is shortened it may lead to pressure on the other metatarsal bones and, in turn, these may require similar operations.

Your bunion operation may be accompanied with one or more of the above operations, or another operation, which will be discussed with you before your surgery. Multiple operations may lead to a longer recovery time than detailed above.

Consent - asking for your consent

We want to involve you in decisions about your care and treatment. If you decide to request an operation, you will be asked to sign a consent form. This states that you agree to have the treatment and you understand what it involves. If you would like more information about our consent process, please ask for the “*Giving consent information booklet*”.

Operating podiatrist/trainees

Your operation may be carried out by a **Podiatrist**. Podiatrists are **not** registered medical practitioners (medical doctors). The podiatrist is fully capable of performing this procedure to the highest standards and you will receive the same care as provided by a surgeon.

Surgeons/Podiatrists/Trainees

Another surgeon other than the surgeon taking consent may perform the operation. This may be an orthopaedic surgeon or a consultant podiatrist.

Part or all of your operation may be performed by a trainee under supervision. The trainee may be an orthopaedic trainee or a podiatrist trainee. They will have adequate training and supervision.

8. Frequently asked questions

When will my operation take place?

Unfortunately because of the current coronavirus COVID 19 pandemic, it is very difficult to say with any certainty when your operation will take place. It may be as much as six months- however it may be longer if further restrictions are required. We will endeavour to do your operation as soon as possible.

Where will my operation take place?

Your operation will take place in the Day Surgery Unit (DSU) at St John's Hospital in Livingston.

What is the recovery time?

Recovery following bunion correction surgery or toe fusion surgery can be lengthy and you need to be prepared for this. You must wear a special shoe for six weeks following your operation. You will then spend the next **six weeks** getting back to your usual activities- so you will need at least **12 weeks** to recover. However pain, swelling and reduced function are to be expected for many weeks and months after your operation. It can take up to one year or more before your post-operative symptoms have settled completely.

Will I have a general anaesthetic or a local anaesthetic?

Your operation will be done under a general anaesthetic which means you are asleep for your operation. You will be required to fast for six hours before your operation. Most patients prefer to have a general anaesthetic. However if you are very keen to avoid a general anaesthetic, or it is not feasible to give you a general anaesthetic, it may be possible to numb your leg with a spinal anaesthetic or numb your foot with and an “ankle block”. You will have an opportunity to discuss this with the anaesthetist on the day of your operation.

How long will my operation take?

Typically your operation will take about 45-60 minutes. It will take longer if combined with other operations.

Will I be given a plaster cast or special shoe to walk in?

You will be given a special “**forefoot offloading shoe**” immediately following your operation and you must wear this at all times while you are weight bearing for the next six weeks. You can take it off in bed and to shower. There is no need for a plaster cast.

Will I need crutches?

Yes, you will need crutches. On the day of your operation, you will see the physiotherapist who will teach you how to walk in the special shoes with the crutches. This will involve walking up and down stairs with the crutches.

How long will I be off work?

You will need to be off work for about six weeks depending on the type of work you do. You will be off for longer if you do a manual job or spend a lot of time on your feet at work, and you will be off for less for more sedentary work or if you are able to work from home. Depending on circumstances, your employer may **not** allow you to return to work wearing the special shoe for Health & Safety reasons.

Will I receive a “sick note”?

If required, a “sick note” (or “fit note”) will be issued on the day of your operation.

When can I drive?

You cannot drive for at least six weeks and you cannot drive with the special shoe on. You have to be safe to drive and you have to take responsibility for this. You have to be able to do an **emergency stop**. You should contact your motor insurance company to inform them you have had an operation before you start driving again.

If your left foot is being operated on and you have an automatic car, you should be able to drive quite soon after your operation- you should check this with your insurance company.

When can I fly after my operation?

There is a slightly increased risk of blood clots when flying soon after your operation. It is sensible to allow about six weeks before flying. However, if your flight is short (an hour or two), it should be safe to fly. Try to keep mobile during your flight, wear TED (Thrombo-Embolus Deterrent) stockings and be wary of pain and swelling in your calves. Seek medical attention if you are concerned. If you are going abroad, bear in mind that you may require medical attention as a result of your operation and this may be more difficult to access in a foreign country. You should inform your travel insurer that you have had an operation before travelling abroad.

Does smoking affect my surgery?

If you smoke, you should stop as soon as possible but at least two weeks before surgery and at least until your bone heals. Nicotine and other chemicals in cigarettes, e-cigarettes, chewing tobacco and marijuana narrow blood vessels in the foot and increase the risks of surgery- particularly the risk of **wound problems** and it has an impact on **bone healing** which is relevant to your operation. The risk of **blood clots** (DVT and pulmonary embolism) is also increased. We can help direct you to the *smoking cessation service* if you would like some help.

Will metal be used in the operation?

The bone will be fixed with two small screws and sometimes a small staple. These will stay in place. The plan is not to remove the screws but, very occasionally, they become troublesome (loose, prominent or infected) and have to be removed with a further operation.

Will the metalwork be detected on airport security?

These screws are very small and well embedded in bone. It is very unlikely that they will be detected by airport security scanners.

Will I have a scar?

The scar will be on the inside of your foot. Eventually this will fade and will not be very noticeable. Sometimes there is an additional scar on the top of your foot, in the space between the 1st and 2nd toes. Very occasionally, some people produce excessive scar tissue (hypertrophic scarring) and this may give problems.

Where will my dressings be done?

Dressings will either be changed at the Royal Infirmary OPD6. (Details will be confirmed by letter the week following your operation), or by your GP practice nurse after about 10-12 days. If you are having your dressings changed at your GP practice, you will need to arrange this.

Can I shower after my operation?

The dressing must be kept dry. You should avoid showers until the dressing is removed. However **Limbo** water proof protectors are useful and are obtainable online at limboproducts.co.uk/ or by telephone on: 01243 573 417. These are not supplied by us, you have to obtain them yourself, but they will allow you to shower after your operation.

Will we meet again before my operation?

Yes, you will be seen in the **Pre-assessment Clinic** at **St John's Hospital, Livingston** about two weeks before your operation date. During this visit, you will be seen by a nurse who will assess your health and suitability for an anaesthetic, your planned operation will be discussed again and you will be asked to provide consent.

When can I go out after my operation?

We advise that you remain at home for the first week or so after your operation. You should do minimal walking for the first two or three days and limit your walking to trips to the bathroom only.

Why do I have to keep my leg elevated after surgery?

Keeping your leg elevated reduces swelling, pain and risk of infection. It also reduces the risk of bleeding immediately after your surgery. Keep your foot on a small stool with your foot above your knee and your knee above your hip.

Will my operation be carried out by an orthopaedic surgeon or a podiatrist?

Your operation may be carried out by either an **orthopaedic surgeon** or a **podiatrist**. The Foot & Ankle service at RIE and St John's Hospital employs podiatrists to undertake forefoot surgery. Podiatrists unlike surgeons do not have a "medical qualification" and so are not "doctors" but the podiatrists in this service have been trained to carry out a specific range of foot operations to the same standard as the orthopaedic surgeons. If you would prefer to have your operation carried out by an orthopaedic surgeon rather than a podiatrist you should let us know in advance of your operation.

Can I have both feet done at the same time?

If you have both feet operated on at the same time you will be greatly incapacitated following your surgery, pain is greater, you do not have a good leg to rely on and you may damage the recovering toes. The outcomes of surgery may therefore not be as good. It is advisable to have one foot done, make sure you are content with the outcome of this surgery before progressing to have the other foot operated on.

I am a runner; will I be able to run after my operation?

If you are a runner, it is possible that this operation may have a negative impact on your ability to run afterwards. Whilst we would hope that you will be able to get back to a modest level of running, there would be no guarantees regarding this and you should consider this factor carefully in making your final decision to go ahead with surgery or not. The same applies to other sporting activities.

Key facts

Whilst most patients benefit from this operation you should be aware of the following:

- Surgery is not essential
- Bunions can come back
- Footwear limitations will continue despite surgery
- It will be 3 months before you return to usual activities
- You will require a special shoe for six weeks
- You will be off work for at least six weeks (depending on your job)
- There are risks involved and outcomes are **not** always as expected
- You may be disappointed with the final result.

Further Information

Further information is available on the internet in various websites. The following websites are recommended as reliable sources of information:

British orthopaedic Foot & Ankle Society (BOFAS) Website

<https://www.bofas.org.uk/Patient-Information>

Blackburn Hyperbook

<http://www.blackburnfeet.org.uk/hyperbook/elective/halluxValgus/hav.swf>

My Notes/Questions to discuss:

9. After surgery advice

Immediately following big toe surgery:

It is not uncommon for your big toe to be stiff, so you will need to exercise it to get the movement back. Follow these instructions carefully and carry out the exercises as recommended.

You can start the below advice two weeks after your surgery, following your initial post operative follow-up appointment, providing the wound has healed and there is no sign of infection.

Massage and use of emollients

- You can now start to massage the scar with emollient cream (e.g. E45, hand cream, Bio-oil) especially after bathing
- Massage the cream firmly along and across the scar from the tip of your toe toward your ankle
- Repeat this at least four times per day
- Do **not** use cream on open wounds.

Range of motion exercise

- Start moving the big toe joint upwards and downwards using your finger and thumb
- Move the toe to the point where it is uncomfortable, then push a little more
- Gradually increase force each day as tolerated
- Do this exercise for 5 minutes at least 4 times a day
- It is normal for this exercise to be mildly painful. Remember that you are doing the joint good and it will help towards getting full movement in your toe back
- Extreme pain means you are pushing too hard.

Partial weight bearing exercise

- Stand facing a wall
- Place your recovering foot one step backwards and steady yourself with your hands on the wall
- Lift the heel of your recovering foot off the ground while keeping the big toe flat on the floor
- Stop at the point of discomfort and push down through your big toe on the ground
- Hold for 10 seconds then relax, continue for 5 minutes and repeat 3 times per day
- In order to recover as much movement as possible in the big toe joint it is necessary to push the limit of the joint. This will be uncomfortable at first and will make the joint ache for a short while after exercising
- In such instances, you may need to take some additional painkillers to help with this discomfort
- You should aim to continue these exercises for at least 8 weeks or until you have been able to return to normal footwear and activities.

Six weeks after your surgery

Footwear

- Ideally, you should no longer need the post-operative shoe
- Wear a roomy shoe- a **training shoe** is ideal
- You may need to obtain a larger size than normal to accommodate the swelling in your toe
- The shoe may feel tight and a little sore compared to the post-operative shoe.

Walking

- You can now increase your walking activities with care, gently starting to roll off the ball of your foot
- It is normal at this stage for this to feel a little stiff and uncomfortable
- Your foot will be more swollen at the end of the day or following long periods of standing. This swelling normally takes many months to disappear completely
- If your foot or toe(s) become very swollen and painful, you have probably been overdoing it- so rest the foot up at hip level
- Try to concentrate on walking normally putting your weight through your big toe
- When sitting, keep your foot elevated.

It is important to be aware that it can take **many months** for you to recover full movement in the joint. A small number of people who have surgery on the big toe joint **never** get all the movement back and that post-operative swelling can persist for 6 months or longer after surgery. This may have no adverse consequences for day-to-day activities, but can affect the ability to wear tight shoes, heels or fashionable women's shoes.