



Bunion Surgery

Patient information Leaflet

June 2020

What is a bunion?

A bunion is a bony lump on the side of your foot at the base of your big toe (see figure 1). This may be an isolated problem but it is often associated with other problems with the shape of your foot.



Figure 1. A bunion on the right foot

Your surgeon has recommended an operation to improve the shape of your foot and reduce any pain. However, it is your decision alone to go ahead with the operation or not. This document will give you information about the benefits and risks to help you to make an informed decision. If you have any questions that this document does not answer, ask your surgeon or the health care team.

What causes a bunion?

The most common cause of bunions is footwear that is not wide enough to fit your toes in their natural position. High heels are particularly to blame as they squash your toes into the narrowest part of the front of the shoe. Bunions are more common in women than men, and tend to run in families. They are sometimes associated with arthritis of the joint at the base of your big toe but many people with bunions have no underlying joint problems.

What are the benefits of surgery?

Your big toe will be straighter, allowing your foot to fit more comfortably in a normal shoe. In most cases the pain from the bunion is reduced.

Are there any alternatives to surgery?

Putting padding over the bunion or a spacer between your big toe and second toe can help give relief from the pain caused by the bunion rubbing. Using wide-fitting shoes from a good-quality shoe shop may also be enough. If not, the orthotics (surgical appliances) department at the hospital will be able to give you advice about bespoke shoes. These shoes are usually not fashionable but they avoid all the risks of an operation and are almost always an effective treatment. If these measures do not work, surgery may be an option.

What will happen if I decide not to have the operation?

Your surgeon may ask an orthotist to see you. They are experienced in treating foot problems using insoles and shoe modifications. Bunions do not get better without surgery. Most bunions slowly worsen over time. Wearing sensible footwear will usually prevent them from getting worse quickly. The skin over the bunion can become inflamed where it rubs on the inside of your shoe. Sometimes your skin can get infected and cause an ulcer. Aching in your foot is common but this is caused by other related problems with how your foot works rather than the bunion itself.

What does the operation involve?

The health care team will carry out a number of checks to ensure you have the operation you came in for and on the correct side. You can help them by confirming to your surgeon and the health care team your name and the operation you are having. Various anaesthetic techniques are possible. Your anaesthetist will discuss the options with you and recommend the best form of anaesthesia for you. You may also have injections of a local anaesthetic to help with the pain after the operation. You may be given antibiotics during the operation to reduce the risk of infection. The operation usually takes 30 minutes to an hour to complete.

You may be given antibiotics during the operation to reduce the risk of infection. The surgery depends on the size of your bunion, any other problems with how your foot works and any arthritis. Your surgeon will discuss with you which of the following procedures the operation will involve.

- Removing the bunion.
- Releasing the tight ligaments and tightening any stretched ligaments.
- Cutting and realigning the bones of your big toe (osteotomy).
- Stiffening the joint.
- Straightening one or more of your other toes. Your surgeon may fix your toes in place with wires or tiny screws.

Your surgeon will close your skin with stitches and place a bandage on your foot. Normally you can walk straight away with a special shoe.

What can I do to help make the operation a success?

If you smoke, stopping smoking several weeks or more before the operation will reduce your risk of developing complications and will improve your long-term health. Nicotine is known to prevent bones from healing and also increases your risk of an infection after surgery. Try to maintain a healthy weight. You have a higher risk of developing complications if you are overweight. Regular exercise should help to prepare you for the operation, help you to recover and improve your long-term health.

Before you start exercising, ask the health care team or your GP for advice. You can reduce your risk of infection in a surgical wound.

- Try to have a bath or shower either the day before or on the day of the operation.
- Keep warm around the time of the operation.
- Let the health care team know if you feel cold.

What complications can happen ?

- Pain. The health care team will give you medication to control the pain and it is important that you take it as you are told so you can move about as advised.

- Bleeding during or after the operation. You will usually have a tourniquet (tight strap) around your thigh during the operation, so there is usually little bleeding.
- Infection of the surgical site (wound) (risk: 1 in 50). Infection can damage a ligament repair and result in your big toe becoming deformed again. It is normally safe to shower after two days but you should check with the health care team. Keep your wound dry and covered during this time. If you have a plaster cast, you must keep it dry. Let the health care team know if you get a high temperature, notice pus in your wound, or if your wound becomes red, sore or painful. An infection usually settles with antibiotics but you may need another operation.
- Unsightly scarring of your skin, although bunion-surgery wounds usually heal with a neat scar.
- Blood clot in your leg (deep-vein thrombosis DVT). This can cause pain, swelling or redness in your leg, or the veins near the surface of your leg to appear larger than normal. The health care team will assess your risk. They will encourage you to get out of bed soon after the operation and may give you injections, medication, or inflatable boots or special stockings to wear. Let the health care team know straightaway if you think you might have a DVT.
- Blood clot in your lung (pulmonary embolus PE), if a blood clot moves through your bloodstream to your lungs (risk: 1 in 1,000). If you become short of breath, feel pain in your chest or upper back, or if you cough up blood, let the health care team know straightaway. If you are at home, call an ambulance or go immediately to your nearest Emergency department.
- Difficulty passing urine. You may need a catheter (tube) in your bladder for one to two days.

What should I do about my medication ?

Let your doctor know about all the medication you take and follow their advice. This includes all blood-thinning medication as well as herbal and complementary remedies, dietary supplements, and medication you can buy over the counter. Anti-inflammatory painkillers may prevent the bones from healing properly, so it is better not to take these if possible.

General complications of any operation

Your anaesthetist will be able to discuss with you the possible complications of having an anaesthetic.

Complications of anaesthesia

The health care team will try to make the operation as safe as possible but complications can sometimes happen. Some of these can be serious and can even cause death. You should ask your doctor if there is anything you do not understand. Any numbers which relate to risk are from studies of people who have had this operation. Your doctor may be able to tell you if the risk of a complication is higher or lower for you.

Specific complications of this operation

Damage to nerves, leading to a patch of numb skin near the cut, or a tender scar. This usually gets better but sometimes may be permanent.

- Problems with bone healing, if the operation involves cutting a bone. The bone has to heal in the same way as a fracture (break). Sometimes the position of the bone can slip before it heals or healing can take longer than usual.

- This problem may need another operation to correct (risk: 1 in 50).
- Loss of movement in your big toe caused by arthritis or scarring from the surgery (risk: 1 in 25). This often improves with time but there may be some permanent stiffness of the joint.
- Severe pain, stiffness and loss of use of your foot (complex regional pain syndrome CRPS). The cause is not known. It is commoner in middle aged women and those who have a history of anxiety or depression. You may need further treatment including painkillers and physiotherapy. Your foot can take months or years to improve. You may be able to reduce this risk by taking a 1g vitamin C tablet each day for six weeks after the operation.
- Pain in the ball of your foot when standing or walking, if your foot does not take weight evenly (risk: 1 in 15). You may need an insole in your shoe.
- The deformity coming back, if your big toe gets out of balance again, or you have arthritis that causes more damage to your joints (risk: 1 in 10). The risk is higher if you are young or have very mobile joints. You may need more surgery in the future.

How soon will I recover?

In hospital

After the operation you will be transferred to the recovery area and then to the ward. You will have a thick padded bandage on your foot. Keep your foot raised so that the swelling settles.

The health care team will check the blood circulation in your foot and monitor any bleeding or swelling. Your surgeon will tell you how much weight you can put on your foot. The physiotherapist will help you to walk safely. You may need crutches or a walking frame. You should be able to go home the same day or the day after. However, your doctor may recommend that you stay a little longer. If you do go home the same day, a responsible adult should take you home in a car or taxi and stay with you for at least 24 hours. Be near a telephone in case of an emergency. If you are worried about anything, in hospital or at home, contact the health care team. They should be able to reassure you or identify and treat any complications

Returning to normal activities

Do not drive, operate any machinery or do any potentially dangerous activities (this includes cooking) for at least 24 hours and not until you have fully recovered feeling, movement and co-ordination of your foot. If you have had a general anaesthetic or sedation, you should also not sign any legal documents or drink alcohol for at least 24 hours. To reduce the risk of a blood clot, make sure you follow the instructions of the health care team especially if you have been given medication or need to wear special stockings. Spend most of the time during the first week with your leg raised so that the swelling settles. After that, you can normally start to be a bit more active. Keep your wound dry for four to five days, and use a waterproof dressing when you have a bath or shower. You may need to have your dressings changed to check your skin is healing and to remove any stitches. If you have wires in your toes, your surgeon will usually remove them in the clinic after a few weeks. You may need to have x-rays to check the bones have healed. It can take six weeks or longer before the swelling has gone down enough for you to wear a normal soft shoe. Once the bones have healed, you can massage any scars with moisturising cream and gently move your toes to make them supple. The health care team will tell you when you can return to normal activities.

Regular exercise should help you to return to normal activities as soon as possible. Before you start exercising, ask the health care team or your GP for advice. Do not drive until you are confident about controlling your vehicle and always check with your insurance company and with your doctor.

The future

The swelling often takes up to six months to go down completely. Wear comfortable shoes that have enough space for your toes. Wearing shoes with high heels or pointed toes may cause more toe problems in the future.

Summary

If you have a bunion that is causing pressure and pain, surgery should straighten your big toe and make your foot fit more comfortably into a normal shoe. Surgery is usually safe and effective but complications can happen. You need to know about them to help you to make an informed decision about surgery. Knowing about them will also help to detect and treat any problems early.

Keep this information leaflet. Use it to help you if you need to talk to a health care professional.

If you have any questions you want to ask, you can use this space below to remind you

If you have a visual impairment this leaflet can be made available in bigger print or on audiotape. If you require either of these options please contact the Patient Information Centre on 0161 922 5332

If you require an interpreter, please ask an appropriate person to contact our central booking office between Monday to Friday 8am to 5pm on 0161 922 6991 to arrange this for you.

語言 翻譯及病者支持服務 (LIPS):

如果閣下需要翻譯員在您的預約當日幫助您的話 請找一名合適的家庭成員 **0161 922 6991** 聯絡本中央預約辦事處來您您安排 我們的辦公時間是星期一至星期五 上午 8 時至下午 5 時

Językowo Tłumaczeniowa Usługa Pomocy dla Pacjenta (Language, Interpretation and Patient Support Service LIPS):

Jeśli potrzebujesz pomocy tłumacza w trakcie swojej wizyty, proszę poprosić odpowiedniego członka rodziny o skontaktowanie się z Centralnym Biurem Zamówień (*Central Booking Office*), w celu zorganizowania tłumacza pomiędzy poniedziałkiem a piątkiem w godzinach od 08:00 - 17:00 pod numerem **0161 922 6991**.

لینگوئج، انٹریپریٹیشن اینڈ پیسینٹ سپورٹ سروس (Lips)

اگر آپ کو اپنی اپائنٹمنٹ کے لئے مترجم کی مدد کی ضرورت ہو تو براہ مہربانی اپنے خاندان کے کسی موزوں فرد سے کہیں کہ وہ ہمارے سنٹرل بکنگ آفس سے پیر سے جمعہ 8.00 بجے صبح سے 5.00 بجے شام کے دوران 01619226991 پر فون کر کے اس کا بندوبست کریں۔

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