Patient Information
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NHS Golden Jubilee

Hallux Valgus
(bunions)

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Version 2

About this leaflet

This leaflet provides information about Hallux Valgus (bunion). It tells you about the treatment of bunions and explains the risks and the benefits of the surgical procedure and what you can expect when you come to hospital.

About Hallux Valgus (bunions)

Hallux Valgus, often referred to as a “bunion”, is a deformity of the big toe. The big toe tilts sideways towards your other toes and there is a bony bump and sometimes redness on the inner side of the base of the big toe joint. Sometimes soft fluid or swelling (called a “bursa”) develops over the bump. This bony bump is the end of the “knuckle-bone” of the big toe joint, which becomes exposed because it is tilted out of place.

There can be pain over the bunion. Your big toe may press into your second toe. As your toes have moved position, you may also get pain under the ball of your foot (metatarsalgia), which may lead to callouses.

Causes

The cause is usually genetic and there is often a strong family history of bunions going back several generations. This is why bunions can sometimes start at a young age.

If you have a bunion, there is no guarantee that your children will inevitably have one too. There is also no guarantee that the bunion will inevitably become problematic – in fact, many people live comfortably with a bunion for their whole life.

Wearing tight or badly fitting shoes or shoes with an excessively high heel can make the problem worse by rubbing, squeezing and putting pressure on the bunion, causing more pain.

In some cases, bunions may be caused by joint problems such as arthritis, injury, hypermobility or muscle imbalance.

Treatments

Non Surgical

You do not need surgery if your bunion(s) are not painful. Even if they are painful, you should initially try non-surgical treatments to take the pressure off the bunion.

- Wear comfortable, well-fitting shoes which are extra deep and wide enough to accommodate the forefoot and which have soft, cushioned insoles. These may be all that you need to ease your symptoms.
- Your GP can refer you to the Podiatry/ Orthotic/ Surgical appliance department for footwear modification/insoles if you are unable to achieve comfort with your own shoes. You may be able to refer yourself into local Podiatry services.
- Having regular Podiatry or Chiropody to remove corns and calluses.
- Using bunion pads or toe spacers to reduce irritation and protect prominent areas.
- Taking painkillers to help reduce pain and inflammation. Seek advice from your GP or Pharmacist.
- Maintaining a healthy weight and keeping fit and active.

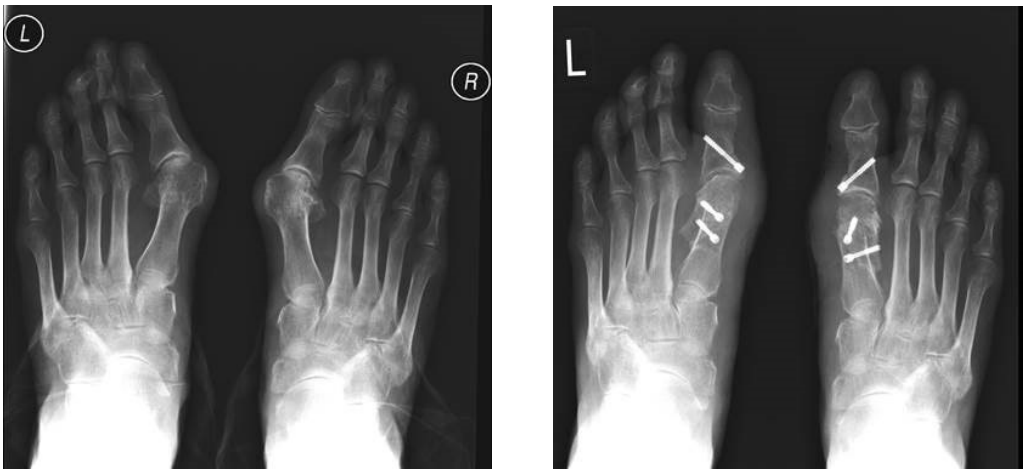
These modifications may be all that you need to ease your symptoms and should always be tried first.

Surgical

The above management options should always be tried first. Surgery should not be carried out for purely cosmetic reasons. If non-surgical treatment does not work, and you still continue to experience significant pain, you may be referred to an Orthopaedic Specialist where surgery may be recommended or offered.

The aim of surgery is to shave the bunion and realign your toe. Your surgeon may need to cut ligaments and bones (osteotomy) to do this. They will use small screws or staples or plates to fix the bones in line. You do not usually need to have the metalwork taken out – it will stay inside your foot permanently and you will not be able to see it from the outside.

These operations are sometimes combined with surgical correction of the smaller toes to deal with deformities that have developed in the smaller toes from your bunion. Your surgeon will advise you about this.



Left: the effects of a bunion Right: implants and screws holding the bone in place

Initial orthopaedic appointment

Your first appointment will take place either by video technology or face to face. Your surgeon or orthopaedic specialist will examine you and will then discuss the nature of your foot problem. If you have tried non-surgical treatments, then you will discuss surgical options if they are appropriate, before agreeing to the surgical procedure involved. Information about surgical risks, benefits, recovery expectations and milestones will be discussed at this time, along with information on your overall recovery following your operation.

Risks and benefits of surgery

Benefits

Surgery may help reduce pain. Approximately 80% of patients are satisfied with the result.

Risks

Smoking, Diabetes, and some medications like steroids increase the risks considerably.

Surgical risks include:

Ongoing pain, stiffness or swelling	Changing the shape of your toe(s), even to improve them, can upset the delicate mechanical balance of your foot. Any pain or stiffness usually settles over time as you regain mobility. You may need to wear a larger size of shoe temporarily until the swelling settles which can take several months. Very regular high elevation of your foot will still be of benefit during this time.
The bunion deformity comes back ("Recurrence")	This may happen over time. Your risk is particularly high if you had a severe deformity to start with, are of younger age, had inadequate correction of the deformity, and/or wear high heeled or narrow footwear after surgery.
Problems with your bone healing	If we cut a bone during surgery, it needs to heal in the same way as any broken bone. Sometimes, the bone can slip out of position ("malunion") or it does not heal ("non-union"). The latter risk is **significantly higher in smokers**. We would advise you seek help to stop smoking **before** considering surgery. You may need another operation to correct this problem if malunion or non-union occurs.
Developing early arthritis in the big toe joint	On rare occasions the blood supply that provides circulation to the knuckle bone of the big toe joint is damaged during surgery (this is called "avascular necrosis") and this can lead to early arthritis in the big toe joint.
Infection	This is a potentially serious risk after any operation but it is not common after this type of surgery. Symptoms to look out for include increasing pain and redness around your wound and a foul-smelling discharge from it. If you think your wound has become infected, please contact us straight away. You may need antibiotics.
Metalwork loosening/ prominence	This is an uncommon risk. We do not routinely remove any of the metalwork, but if the metalwork is protruding and rubbing against footwear, or if there is a break in the metalwork causing problems, it can be surgically removed. Rarely, we may have to leave some of the metalwork inside at the time if it has broken and is entirely embedded within the bone. This should not cause any problems.

Persistent swelling and difficulty getting a shoe on	The foot can be markedly swollen and bruised after surgery for a few months, and may still require regular elevation. You may need to wear a larger size of shoe temporarily until the swelling settles which can take some months.
Damage to nerves or blood vessels	This is an uncommon risk after bunion surgery. Great care is taken to avoid damage to the nerves in your foot during the local anaesthetic and your operation. You may notice a small patch of your skin around the scar or big toe may feel slightly different from usual, numb or sensitive. This is common and usually slowly improves; it should not affect your recovery.
Overcorrection (hallux varus)	This is a rare complication which can result in the big toe pointing towards the other foot and may require further surgery to correct it.
Scar problems or hypersensitivity	Scar formation is an inevitable consequence of surgery. Usually the scar will heal and fade until it is barely noticeable. Uncommonly, the scar might heal excessively thick, raised or discoloured. This may also be itchy, tender or painful. Some people have a natural predisposition to this type of scarring. It usually fades over time but sometimes a distinct scar will remain. If you have concerns or known scarring problems, please ask for advice. Hypersensitivity is an uncommon risk after any operation involving a scar. Please contact us and we will discuss how to manage this as we can show you simple desensitisation exercises which are usually very effective.
Blood clots in your leg (DVT) or lung (PE)	This is a very rare, but potentially serious problem in foot surgery. Because blood thinning medications themselves have serious risks, we do not routinely give such medication in patients with low risk. We will assess your individual risk before surgery, and if thought to be high (such as previous clots, family history of clots, hormone replacement therapy or oral contraceptives, obesity, smoking, and/or cancer), we may give you blood thinning injections or tablets. If you develop chest pain, shortness of breath, dizzy spells, and/or cough up blood, please go to your local Accident and Emergency urgently.
Limitations in footwear	For example, inability to wear high heels.
Complex Regional Pain Syndrome (CRPS)	This is a very rare condition caused by damage to, or malfunctioning of, the nervous system in relation to the surgery. This can cause prolonged or excessive pain, extreme sensitivity and changes in skin colour, temperature and/or swelling in the foot and ankle which does not settle down. If this happens you may benefit from referral to a pain specialist.

Consent

We must by law obtain your written consent to any operation and some other procedures beforehand.

Staff will explain the risks, benefits and alternatives before they ask you to sign a consent form.

If you are unsure of any aspect of the treatment proposed, please do not hesitate to speak with a senior member of the staff again.

Assessment before surgery

Before your operation you will need to have a pre-op assessment appointment. This may take up to 4 hours to carry out, and could be on a different day to the appointment with your surgeon. You will have some screening tests which may include blood tests, swabs and an electrocardiogram (ECG). You will be asked questions about your health, medical history and your home circumstances. Please bring with you details of any medication you are currently taking.

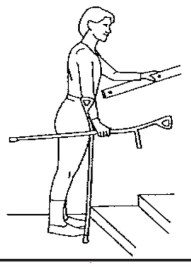
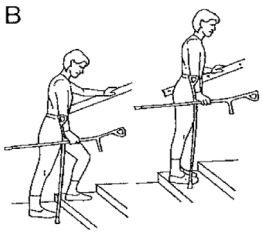
You will be given information such as:

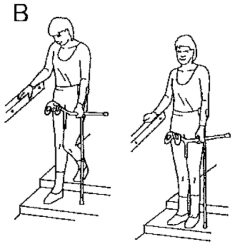
- when to stop eating and drinking in the hours before your operation
- whether and when you should stop taking your usual medications such as HRT, Warfarin, Clopidogrel or drugs for inflammatory arthritis before going into hospital,
- what to bring with you into hospital.

You will attend 'Foot School' where you will be seen by the Physiotherapy team who will fit you with your special post-operative shoe and help you practice with a walking aid (usually elbow crutches). This will prepare you for the short term mobility restriction and practical limitations that may be expected after this surgery. If you have stairs at home, you will also be shown how to go up and down stairs safely using your walking aid.

Please scan this QR code to watch the video on heel weight bearing

Walking up and down stairs

Walking up stairs	
A 	• Stand close to the stairs. • Hold onto the handrail with 1 hand and the crutch/crutches with the other hand.
B 	• First take a step up with your healthy leg. • Then take a step up with your affected leg. • Then bring your crutches up onto the step. • Always go 1 step at a time.

Walking down stairs	
A 	• Stand close to the stairs. • Hold onto the handrail with 1 hand and the crutch/crutches with the other hand.
B 	• First put your crutch 1 step down. • Then take a step with your affected leg. • Then take a step down with your healthy leg onto the same step as your affected leg. • Always go 1 step at a time.

Preparing for surgery

It is a good idea to get things organised for when you get home from hospital.

You will need help with household tasks, you should ensure your food cupboards are stocked up, pre-arrange help with shopping, help with care of children, pets and relatives, and arrange for someone to bring you to and from the hospital.

If you are a smoker, **we strongly urge you to stop smoking before and for at least 3 months after your surgery** to reduce postoperative risks and allow the healing to progress. Please contact your GP or smoking cessation service to assist you in this matter.

Surgery

You will have this surgery under either a general or spinal anaesthetic, as well as a local anaesthetic in your foot or ankle, to help keep you comfortable when you wake up.

A tourniquet is placed around the calf or thigh of the operated leg to minimise bleeding and the leg is cleaned with antiseptic solution.

The surgery is a combination of soft tissue releases and bony cuts (osteotomy) in the big toe. Your surgeon then moves your toe to a more 'normal' position and inserts the metalwork in your bone to hold it together. Stitches are used to close up your wounds and the foot is wrapped in sterile bandages.

The operation usually takes 60 minutes, depending on how severe your bunions are. If you are having combined surgery for big toe and smaller toe corrections, it can take longer.

After surgery

You will go back to the day ward for at least 1 hour to recover from your anaesthetic.

This procedure is normally carried out as a day case and you can go home the same day. Occasionally you may have to stay in hospital overnight after your operation.

If you go home on the same day, it is recommended that you have a relative, friend or carer who can escort you home and stay with you for the first 24 hours after your procedure. Please let them know that they may have to wait for you if you are not ready to leave. You will not be able to drive initially and should not take public transport home.

You will be given a special shoe to facilitate weight bearing on the heel and keep the pressure off your toes. You will need to wear this for 6 weeks after your surgery and will need to use a walking aid, such as crutches, to feel steady on your feet.

You will have a large bandage on your foot. This should stay on and should be kept dry until you are seen 2 weeks after surgery.

If you have had a local anaesthetic during your operation, it will temporarily numb your foot and ankle for several hours, then it will start to wear off and normal feeling will return. Local anaesthetic usually wears off within 24 hours. Occasionally there can be patchy numbness or tingling which resolves over several days.

As the numbness wears off, there may be some pain and you may need to take painkillers for the first couple of weeks. It is advisable that you start taking these painkillers on the day of surgery so that they are in your system before the anaesthetic wears off. Do not wait until the pain has already started as it can be harder to get in control of the pain. You will be given advice on what painkillers are suitable for you to take.

You will need to keep your operated foot in an elevated position (toes above nose level) as much as possible for 2 weeks following your surgery. During this time, you should only get up for essential tasks, such as going to the toilet.

Elevation

If you are allowed to move the ankle of your operated leg, it will help circulation and swelling by doing very regular ankle circulatory exercises. This involves bending the ankle/foot towards you then pointing it away from you briskly whilst the foot is elevated. Please ask your surgeon or a member of the Orthopaedic Team before commencing circulatory exercises to ensure they are happy for you to move the ankle as you may be advised to postpone circulatory exercises if you have temporary pins or have had additional surgery, in which case continue to use high elevation. If you are not allowed to do circulatory exercises with the operated leg then do them with the opposite, non-operated leg, as this will also help.

Follow-up appointment

You will be seen about 2 weeks after surgery to review your wound and for trimming of stitch ends. This will normally take place at your local health centre but occasionally we may arrange for you to return to the clinic at the Golden Jubilee University National Hospital (GJUNH).

A nurse will trim underneath the knots of the exposed stitches at either end of the wound to remove them. The rest of the stitches do not need to be removed and should dissolve.

If the wound has healed, you do not need a further dressing on it. If a temporary pin(s) has been put in the smaller toe(s), this will stay in for another 4 weeks (i.e. a total of 6 weeks).

If you have a pin you must keep this dry at all times. **Please be mindful of the protruding pin(s) so that you don't catch it in your clothes, bed sheets, or furniture**.

We will then review you again about 6 weeks after surgery. If we have used any temporary pins for smaller toe corrections, we will remove them in the outpatient clinic at this time without anaesthetic. You will begin to wean off wearing the special shoe and walk with full weight on the foot.

Getting back to normal

Full recovery may take up to a year.

It usually takes about 12 weeks for the swelling to ease but it may take much longer. If your foot continues to swell you should elevate it when you can to try and control this.

When the swelling has reduced enough, you can wear enclosed, supportive shoes such as trainers.

Driving: You may usually start driving again when you can comfortably wear a normal shoe, control the clutch and brake and do an emergency stop. This is usually 6 to 12 weeks after surgery but please check with your insurance company first. If you have had left sided surgery **and** drive an automatic car, you may be able to drive 3 to 4 weeks following surgery.

Work: If your job is sedentary, you may be able to return to work after eight to 10 weeks. If your job is active or involves standing, you may require to be off for 12 weeks or longer.

Exercise and Sport: At 6 to 12 weeks it may be suitable to resume low impact activities, such as using an exercise bike. At 12 to 24 weeks you may be able to return to low impact sports. Beyond this you may return to normal activity.

Contact

Please contact the Orthopaedic Outpatients Helpline on 0141 951 5521 if you have any issues after your surgery that you wish to discuss. This is an answering machine service that is regularly monitored Monday to Friday 8.30am to 4.30pm. Please leave your name, date of birth or CHI number if you know it, telephone number and a short message.

If your query is urgent and you require a response out of hours, please call the GJUNH switchboard on 0141 951 5000 and ask for the Orthopaedic ward.

Notes

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reviewed for plain English

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