

Patient Information Leaflet

Hallux Valgus (Bunion)

Produced By: Orthopaedic Department

September 2013
Review due September 2016



What is a bunion?

A bunion is a combination of a bony prominence at the base of the big toe, with an overlying sac of fluid. It develops as a result of subtle abnormalities in the metatarsal (toe) bones and these abnormalities are often inherited. The abnormalities cause the big toe to drift sideways and the bunion to grow.

If left alone it may cause pain, difficulties with footwear and may eventually result in osteoarthritis of the big toe joint. The skin over the bunion can become red and sore and infections may result. The purpose of corrective surgery is to remove the bunion, straighten the toe and prevent late arthritis by correcting the underlying abnormality.

The operation

You will have a general or spinal anaesthetic. The correction is achieved by dividing the first metatarsal bone and moving your toe into a new position. This is called an osteotomy. A cut is made alongside the abnormal joint. The bony lump (bunion) on the side of the joint is then removed.

The first metatarsal bone is cut and reset. The bone may or may not, be held with a screw or special staple until it heals. The soft tissues around the joint are released or rebalanced and a second incision may be necessary for this. The skin wound is then closed up with stitches. A plaster cast is put on your foot to hold your big toe in its new position. You will be in hospital for the day and possibly for one night following your operation. You will be in a plaster for approximately six weeks. The operation is quite successful for relief of pain, prevention of arthritis and easing footwear problems. The cosmetic results are not quite so predictable.

Giving your consent

Before a doctor or other health professional examines or treats you, they need your consent. You will be asked to sign a consent form. If you later change your mind, you're entitled to withdraw consent – even after signing, but before the operation takes place

In addition to this, please ask the staff looking after you if you require a sickness certificate.

Are there any alternative treatments?

Most people try pads from the chemists or the chiropodists before seeing an orthopaedic surgeon. If the pads have not helped and your toe is painful, probably the best plan is to straighten your toe. Simple removal of the prominent bunion is usually followed by regrowth at a later date. You should not have the operation just to make your feet look better.

Before the operation

Stop smoking and get your weight down if you are overweight. If you know that you have problems with your blood pressure, your heart, or your lungs, ask your family doctor to check that these are under control. Check the hospital's advice about taking the pill or hormone replacement therapy (HRT).

You will be asked to attend a pre-admission clinic, where you visit for an hour or two, a week or so before the operation. This so you can be checked for past illness and to have any necessary special tests.

Check you have a relative or friend who can come with you to hospital, take you home, and look after you for the first week after the operation. Bring all your tablets and medicines with you to hospital.

After - in hospital

You will have a plaster cast on your foot. Often this is not applied until your stitches have been removed at 10 days so you will need to take great care initially. Your foot may be painful. You will be given injections or tablets to control this. Ask for more if the pain is unpleasant. A general anaesthetic will make you slow, clumsy and forgetful for about 24 hours. Do not make important decisions during that time. You must not get your plaster cast wet. You will be given an appointment to visit the Orthopaedic Outpatient Department, usually 10 days or so after the operation. The nurses will advise about sick notes, certificates etc,

After - at home

When you go home, you must rest with your foot up. You should be up only for essential activities and may find stairs quite tricky. You will not be able to go shopping for the first few weeks after you go home. Please make arrangements for friends or family to shop for you. Your toe will continue to improve for at least six months.

Do not press on the plaster for 48 hours. Do not let the plaster cast get wet. Do not cut or bang the plaster. Do not put anything down the inside of the plaster (e.g. coins). Do not use anything to scratch under the plaster.

Come back to the hospital if:

- you have pins and needles or numbness in your toes;
- you cannot move your toes; your toes go blue;
- your toes become very swollen;
- or you have severe pain.

Come back to see the plaster technician if the plaster cracks, the plaster becomes soft or the plaster is loose.

You must not drive until your toe is completely comfortable. You are unlikely to drive for at least eight weeks after your operation. How soon you can return to work depends on your job. If you can get to work without driving yourself or by using public transport you may be able to return to work six weeks after your operation.

Possible complications

Wound infections are slightly commoner on the feet than elsewhere in the body. Wounds can heal badly or break down if you do too much too soon. Deep vein thrombosis is possible but quite rare now because the plasters used are less extensive.

Even when screws are used it is possible that the divided bone may not heal, though this is quite rare. After re-setting the first metatarsal, a small number of people experience discomfort under the other metatarsals ('metatarsalgia') because of the altered weight transfer. This may need further surgical treatment.

General advice

The operation is relatively minor. We hope these notes will help you through your operation. They are a general guide. They do not cover everything. Also, all hospitals and surgeons vary a little. If you have any queries or problems, please ask the doctors or nurses. You may contact the Orthopaedic Nurse Specialists, 8am-4pm, Monday-Friday on 01983 534064.

You can find more information on all sorts of health issues through NHS interactive available through Sky TV or online at: <http://www.nhsdirect.nhs.uk/>

For Health advice and out of hours GP service please call Island Health Care on 0845 6031007

We Value Your Views On Our Service

If you wish to comment on the care which you, your relative or friend has received, we will be pleased to hear from you. Please speak to the person in charge of the ward, clinic or service in the first instance or ask them to contact the Patient Advice and Liaison Service. If you wish to contact them directly, telephone on 524081, extension 4850. Alternatively you may prefer to write to:

Chief Executive
Isle Of Wight NHS Primary Care Trust
St Mary's Hospital
Newport
Isle of Wight PO30 5TG

You can also share any concerns you have about our services with the Care Quality Commission (CQC) on 03000 61 61 61 or at enquires@cqc.org.uk

St Mary's Hospital is a smoke free area.
If you would like help and advice to stop smoking please call:
01983 814280 or 07919 598549

Ref: O/HV/3