

## Trauma and Orthopaedics

# Hallux valgus (bunion)

This leaflet gives you information on the problems you may have with your big toe.

It has sections on:

- bunions
- what you should know about bunions
- your treatment options

This leaflet is not a substitute for professional healthcare advice. It should be used along with verbal information given by a doctor.

### What is a hallux valgus?

Hallux valgus is the medical name for a bunion. This is a condition where the big toe is angled towards the second toe.

### What are common causes of bunions?

No single cause has been proven. They may be inherited or due to muscle imbalance. Certain footwear can make bunions worse.

### What are the symptoms?

Bunions may not cause you any trouble. But sometimes they can cause:

- pain, swelling and redness around the bunion
- difficulty in walking due to discomfort
- the foot to become wide, making it difficult to find shoes that fit
- pain under the ball of foot, under the small toes



## **What are the treatment options?**

### **Non-surgical treatment**

One of the most important things you can do to help is to wear the right footwear. You should try to wear flat, wide shoes that fit you correctly.

You may also want to use a bunion pad over the bunion, or a toe spacer, to give you protection from the pressure of your shoes.

Do not wear high-heeled, pointed, or tight shoes.

You can take painkillers, such as paracetamol or ibuprofen, to help relieve the pain and swelling of your bunion.

### **Surgical treatment**

Surgery for bunions usually only happens after simple measures have failed to relieve your pain. Bunion surgery is not a cosmetic procedure. The main reason for surgery is pain caused by a bunion.

The aim of surgery is to make the big toe straight, reducing the bump over the bunion. The surgery involves a procedure to cut the bone, straighten it, and fix it in a new position.

There are many different operations for the treatment of bunions and your surgeon will explain the best one for you. The most common bunion surgery is known as Scarf and Akin osteotomy.

### **Scarf osteotomy**

A cut (incision) is made along the inner side of the bunion. A bony cut (osteotomy) is made in the first long bone of foot (metatarsal) leading to the big toe.

This is repositioned to make it straighter and fixed in place by two small screws.

The screws are buried in the bone. Usually, they do not need to be removed.

## Patient Information

### Akin osteotomy

A further bony cut called an Akin osteotomy may be needed on the big toe at the same time. This is to straighten the big toe and avoid the big toe crossing under or over the 2nd toe.

This involves removing a wedge of bone from the base of the big toe. The big toe is then realigned and fixed in position using a staple or screw. The aim is to achieve a straighter toe.

The wound is closed with stitches which are usually dissolvable.

There is usually no need for a plaster cast. But you will have a bulky dressing and will be provided with a special shoe afterwards.



Above are pictures of where the cuts are made in the bones. The pictures then show where the screws and staple are inserted after the toe is realigned in its new position.

## Patient Information

### X-ray appearance before and after surgery

before



after



side view after



### Smoking advice

It is important that you give up smoking for at least 8 weeks before your surgery and up to 4 months afterwards. Evidence shows that people who smoke take longer for their bone to heal.

If you smoke, you are 5 times more likely to develop non-union of the bone (bone not healing). You can get help from your GP or a smoking cessation helpline.

## What can I expect after surgery?

### Swelling

It is normal for your foot to swell after surgery. It may take up to 6 months for the swelling to go down. This depends on your general health and activity level.

It is important to raise your foot above the level of your groin in the early stages.

### Pain

It is usually painful for the first few weeks after surgery.

In the first 6 months after bunion surgery, you may tend to walk on the outer border of your foot. This is to avoid putting weight through your big toe. Walking like this could cause some discomfort/pain under the ball of the other toes.

Your pain and swelling will improve as the bone heals.

### Bleeding

After surgery your wounds can bleed.

If this happens, please contact the team providing your care (not your GP). They will invite you back to clinic for a wound assessment.

If this occurs at the evening or weekend, please attend A&E if you are concerned.

### Scarring

All surgery will leave a scar. These can sometimes be sensitive.

It is recommended to massage your scar with E45 cream or Bio Oil from 3 weeks after surgery.

## Patient Information

### **Stiffness**

You may develop some stiffness in your big toe.

For most people this is not a problem, although it may affect high performance athletes or dancers.

### **Post-operative advice**

#### **Wound care/dressing**

Your foot and ankle will be in a bulky bandage. This should remain in place until your next outpatient appointment. This is usually 2 weeks after surgery at a nurse-led clinic.

You will be supplied with a special post-operative shoe to help with walking. This may be either a heel weight bearing sandal or a flat foot sandal. This depends on the surgical procedure performed.

#### **Elevation**

**It is extremely important to keep the foot which has had surgery raised above groin level.** Do this as much as possible for the first two weeks after your operation.

For 2 days after surgery, your foot needs to be raised for 55 minutes out of every hour.

The time your foot needs to be raised is reduced by 5 minutes per hour every day (for example, 50 minutes on day 3, and 45 minutes on day 4). This should help to reduce your foot swelling, reduce pain and support better wound healing.

#### **Pain relief**

Painkillers are recommended to be taken regularly during the first week of surgery. These will be supplied to you before you leave hospital.

## Patient Information

### **Exercise**

The physiotherapist will assess your walking. They will provide you with crutches, if you need them, before you leave hospital.

You will be advised on how to move your foot and ankle, and exercise, to prevent stiffness of the big toe during your recovery.

We encourage you to move around and walk as comfort allows.

### **Does surgery have any complications?**

Modern big toe surgery is usually successful at improving pain and deformity. However, problems can happen.

You should not consider having surgery for cosmetic reasons.

### **Infection**

This occurs in a small percentage of patients. Minor infections normally settle after a short course of antibiotics.

Deep infection happens in less than 1 in 100 cases and may require further surgery to resolve the infection and prolonged antibiotics.

### **Numbness and tingling**

This can occur around the wound because of minor nerve damage. Numbness or sensitive areas usually settle but are sometimes permanent.

### **Non-union of bones**

The bones occasionally do not heal and cause continued pain. If you smoke, the risk of non-union or major complications are higher.

Non-union may require further surgery to make the bones heal.

### **Blood clots**

Deep vein thrombosis (DVT) or a pulmonary embolism (PE) is rare.

All patients will complete a risk assessment for their chance of developing a blood clot and preventive injections are given.

## Patient Information

### **Chronic regional pain syndrome (CRPS)**

A small number of patients may experience CRPS. This is a chronic condition, causing severe pain, swelling and changes to the skin which last beyond the first few weeks after surgery.

CRPS is treated with physiotherapy and painkillers.

### **Recurrence of the deformity**

This happens rarely and further surgery may be required.

### **Overcorrection (hallux varus)**

This occurs in around 1 in 100 patients. It can cause discomfort and you may not like how this looks. It may require stretching exercise, splinting or further surgery.

### **Prominent screws**

Occasionally screws can be felt beneath the skin and cause discomfort. These may be removed at a later stage, after the bones have healed.

### **Follow up appointments**

You will be given an outpatient appointment for 2 weeks after your surgery.

At this appointment, our clinical nurse specialists or specialist physiotherapist will remove the dressings and inspect the wound. You will be given information on how to care for your wound, exercises and splint (if required).

Another appointment will be made for 6 to 8 weeks after your surgery to check your progress. An X-ray is usually taken to assess the deformity correction and bone healing.

If there are no concerns at 6 to 8 weeks after surgery, you will be discharged with no further follow-up appointments. However, contact your doctor if you develop any problems later.

Foot swelling and discomfort is expected for up to 4 to 6 months after surgery.



## Patient Information

### Returning to work

This depends on your circumstances and your type of employment.

If you have a sedentary job (you sit down for most of the time) and can raise your affected foot, you may return to work from 2 to 3 weeks after surgery.

If you have a more physically demanding job, it may take up to 3 to 4 months to return to work. However, most people return to work from 8 weeks.

The average bone healing time is 4 months.

### Driving

If surgery is on your **left foot** and you have an automatic car, you can start driving at around 3 weeks after surgery. Otherwise, you may be able to drive from 6 to 8 weeks.

You need to do a test drive to make sure you can perform an emergency stop.

You should tell your insurance company the type of surgery that you have had. This is to check that your insurance cover is valid.

### Sport

You can return to sporting activities like swimming and cycling between 2 to 4 months after your operation. Activities involving running, jumping would take more than 6 months.

### Contact details

If you have any questions or concerns, please contact the following:

Consultants' secretaries (Monday – Friday, 8am to 4:30pm)

- Mr Dhukaram – Jas Viridi 024 7696 5095
- Mrs Chapman – Sophie Carvell/Amber Joliffe 024 7696 7117
- Mr Ali – Claire Merrall 024 7696 5073

## Patient Information

Further information on bunions can be found at [www.nhs.uk](http://www.nhs.uk)

The Trust has access to interpreting and translation services. If you need this information in another language or format, please 024 7696 5095 and we will do our best to meet your needs.

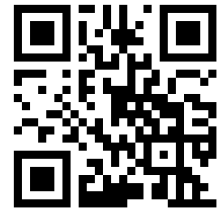
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#### Document History

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