

Bunion surgery

Orthopaedic Department Patient Information Leaflet

Introduction

Welcome to The Dudley Group NHS Foundation Trust. This leaflet is to provide information for patients who are considering having bunion surgery. It describes the procedure, and its benefits and risks.

What is a bunion?

A bunion is a deformity of the big toe. The medical name of a bunion is hallux valgus. In people who have a bunion, the big toe tilts over towards the smaller toes and a bony lump appears on the inside of the foot.

Sometimes a soft fluid swelling develops over the bony lump. The bony lump is the end of the 'knuckle bone' of the big toe (the first metatarsal bone), which becomes exposed as the toe tilts out of place.

How is a bunion treated?

It can be treated in various ways such as:

- Painkillers and anti-inflammatory medications
- Orthotics such as insoles, bunion pads and toe spacers
- Wearing different footwear such as wider, deeper shoes and avoiding slip-on shoes
- Surgery

What are the benefits of surgery?

Surgery may be of benefit if:

- non-surgical treatment has failed or is not suitable
- you are having symptoms from the shape of your foot such as pain when wearing shoes
- your surrounding toes are becoming deformed

Surgery may reduce your pain and prevent further deformities of your foot.

Will the surgery work?

The results of the surgery will depend on how severe your bunion is, but more importantly, how willing and able you are to rest after the operation.

According to the British Orthopaedic Foot and Ankle Society (BOFAS), 85 per cent of people are satisfied with the result of their surgery.

However, after you have had surgery, there is no guarantee that your foot will be perfectly straight or pain-free. Surgery may reduce the flexibility of your big toe joint and you may experience stiffness in the area where the bunion was. Your toe may also be shorter than it was before you had surgery.

What does the surgery involve?

You will usually be given a general anaesthetic for the procedure which means that you will not be awake. However, it can be performed while you are awake. For this, you would be given a local anaesthetic, either with or without sedation.

Usually, you only need to be in hospital for the day. If you will need to stay overnight, we will discuss this with you during your pre-operative assessment.

The procedure involves realigning the joint into a better position. During the operation, the surgeon removes the excess bone with a saw, dividing and repositioning the bone, and realigning the ligaments and tendons. The bone is fixed with two screws and one staple. The screws and staple are usually not removed. The wounds are closed with dissolving stitches.

You will usually have two scars, one on the inside of your big toe and one on the outside.

What are the risks of surgery?

As with all surgery, this operation carries some risks and complications. It is important that we tell you about these risks so that you can make an informed decision about your proposed surgery.

The risks of the surgery include:

Infection

There is always a risk that an infection will develop after an operation. These are not usually serious and can be treated with antibiotics.

Blood clots

A deep vein thrombosis (DVT) is a blood clot in a vein that usually causes symptoms of red, painful and swollen legs. The risks of a DVT are greater after any surgery. A DVT can move through the bloodstream and travel to the lungs. This is known as a pulmonary embolism (PE) and is a very serious condition which affects your breathing.

To limit the risk of a DVT, if you are able to wear them, you will be given some elasticated stockings that are specific to your calf and thigh measurements. Nursing staff will advise you on how to use and care for these. You will need to wear these until you are able to move about normally. Most patients do not need to take medication to thin their blood.

Other risks of this operation

- **It is normal to have swelling for six to 12 months after the operation** but this can last for even longer.
- Stiffness in the joints of your toes.
- A delay or failure of the bone to heal, or the bone heals in the wrong position. This is very rare.
- Pain under the balls of your smaller toes (the medical name of this is transfer metatarsalgia).
- Damage to the nerves in your foot.
- The bunion may come back. If this happens, you may be offered more surgery.
- Complex regional pain syndrome which is a condition that causes long term burning pain in one of the limbs.

It can take up to one year to get back to normal after the operation. Your risk of developing problems is increased if you have other medical conditions that prevent or slow down the healing process. For example, you are more likely to get an infection or have problems with wound healing if you have diabetes or problems with your circulation.

If you are a smoker, this may slow down your healing process so you may wish to consider stopping. If you would like to be referred to one of our Smoking Cessation Team, please ask a member of staff.

General anaesthetic

If you have a general anaesthetic, it can cause serious problems such as an allergic reaction but these are very rare. If you have any worries about this, you can discuss them at your meeting before your operation (pre-operative assessment) or with the anaesthetist before your operation.

Sedation

If you are going to have sedation, you will be given a separate leaflet about the side effects of this at your pre-operative assessment.

X-ray precautions:

The procedure uses X-rays and these use a small amount of radiation.

What happens before the operation?

You will be asked to come for a health assessment with a nurse, usually about one or two weeks before your surgery. This will determine whether there are any reasons why you should not have surgery.

During this health assessment we will:

- Check your suitability for anaesthetic.
- Give you information about the surgery and recovery process. It is important that you know what to do to help your recovery.
- Carry out investigations to ensure that you are fit and well to have the surgery.

A range of investigations will be carried out such as:

- A blood test, if you take certain medications.
- You may have an ECG – a heart trace test. This is nothing to be alarmed about, just a routine test to check your heart.
- Your blood pressure, pulse and weight will be recorded.
- You will be screened for MRSA – a nasal and groin swab will be taken to see if you have any evidence of infection.
- A finger prick test to check your blood glucose levels.

We will give you instructions about when you need to stop eating and drinking before your operation.

You will have the opportunity to ask any questions you may have.

At this assessment, please tell us if:

- You are diabetic
- You have a cold, cough or any type of infection
- You take any medications and what these are. You may need to stop taking some of these for a short period of time before you have the operation.

Female patients – as we use X-ray equipment during the operation, we will ask you the start date of your last period during the assessment. **Please tell us if you are, or might be, pregnant. If you are not sure, a pregnancy test will be offered.**

What if I become ill before my operation?

It is important that you tell us if you are not well enough to come in for the operation. Please ring one of the following numbers:

- Ward B1 on 01384 456111 ext. 4690 or ext. 4691
- Day Case Unit on 01384 456111 ext. 3578
- Pre-assessment Unit on 01384 456111 ext. 1849
- Your consultant's secretary – please ring the main switchboard number on 01384 456111 and ask for your consultant's secretary.

Also, please ring us if you have any type of infection such as a cough, cold, chest infection, skin problems such as a rash, cut or skin infection. If you are not sure and want to ask about this, please ring your consultant's secretary for advice.

What do I need to bring for my operation?

Please bring a dressing gown, slippers and any medication you are currently taking. If you will be staying overnight, please bring an overnight bag with nightwear, toiletries etc.

Please do not wear or bring any jewellery. However, you can wear your wedding ring.

Please do not wear any make up, nail varnish or gel nails on your fingers or toes.

What happens when I come in for my operation?

When you arrive, you will be taken to an admission area. Here you will be seen by:

- a member of the surgical team
- the anaesthetist, if you are having sedation or a general anaesthetic
- a member of the nursing staff

You will be asked to undress and put on a theatre gown shortly before your surgery. You will be taken to the operating theatre by a member of the theatre team.

Unfortunately, you may sometimes have to wait for a number of hours for your surgery. We do appreciate how difficult and inconvenient this might be and we try to minimise delays for all patients as much as possible.

What happens after surgery?

Your blood pressure and pulse will be monitored. During your operation, local anaesthetic is injected around your foot to minimise the pain after surgery. It is impossible to get rid of the pain completely but we aim to minimise it as much as possible. You will also be given tablet painkillers to take home which you should take regularly (always read the label; do not exceed the recommended dose).

Once you have had something to eat and drink, you will be allowed to get up. You will be assessed by the physiotherapist to see if you are safe to use crutches.

You will be issued with a surgical shoe that has a plastic sole and Velcro fastening, as you will not be able to wear a shoe for some time (usually at least six to 12 weeks). You are usually allowed to put weight on your foot, if you can tolerate it, using crutches to help you walk and putting weight through your heel.

It is essential that you keep your foot raised, so your ankle is above your knee, for the majority of the time for the first week after surgery.

Please leave the dressings applied in theatre on your wound until you are seen in clinic about 14 days after your operation. If you have any problems with your dressings, please contact the ward, the day case unit or your consultant's secretary, as follows:

- Ward B1 on 01384 456111 ext. 4690 or ext. 4691
- Day Case Unit on 01384 456111 ext. 3578
- Your consultant's secretary – please ring the main switchboard number on 01384 456111 and ask for your consultant's secretary.

Once we have checked that you have been to the toilet and are comfortable, you will be able to go home.

What happens when I go home?

If you go home the same day as the operation, you will need to have someone to care for you for at least the first 24 hours.

You must not drive yourself home. You will not be able to go home on public transport on your own. Therefore, you will need to arrange for someone to collect you and take you home.

The nurse who discharges you from hospital will give you a letter for your GP, a sick note if you need it and any medication that has been prescribed for you. We will give you instructions on caring for your wound.

Please ask your surgeon for advice about driving before you go home.

What happens when I get home?

- You must have a responsible adult to go home with you and look after you for 24 hours, if you have had a general anaesthetic.
- Do not operate machinery.
- You must have access to a phone on the day of your surgery once you return home, in case any problems occur.

Wound care

You will need to keep your wound clean and dry until you see your consultant about 14 days after your operation.

Reducing swelling

Your foot will be swollen and so while you are recovering, you will need to keep your foot raised, so your ankle is above your knee, to reduce the swelling.

Wearing shoes

It can take several weeks before you will be able to wear normal footwear. We recommend that you wear flat or low-heeled, wide-fitting shoes. Shoes made from soft leather are ideal because they will not put pressure on your foot.

When can I go back to work?

You will have to take some time off work. The exact amount of time varies depending upon your occupation. However, it is likely that you will need to take at least six weeks off. If you have a manual job, it may be about 12 to 16 weeks before you can return to work. Please speak to your consultant about this.

What follow up care will I receive?

We will send you a follow up appointment so that we can inspect your wound. This will be about 10 to 14 days after your operation.

Can I find out more?

You can find out more from the following web links:

NHS Choices

<http://www.nhs.uk/Conditions/Bunion/Pages/Treatment.aspx>

British Orthopaedic Foot and Ankle Society

<http://www.bofas.org.uk/Patient-Information/Hallux-valgus-bunion>

Reference

British Orthopaedic Foot and Ankle Society (Date unknown). *Patient information Hallux Valgus (bunion)*. Accessed June 2015. Available at:

<http://www.bofas.org.uk/Patient-Information/Hallux-valgus-bunion>

If you have any questions, or if there is anything you do not understand about this leaflet, please contact one of the following:

Ward B1 on 01384 456111 ext. 4690 or ext. 4691

Day Case Unit on 01384 456111 ext. 3578

Pre-assessment Unit on 01384 456111 ext. 1849

Your consultant's secretary – please ring the main switchboard number on 01384 456111 and ask for your consultant's secretary.

This leaflet can be downloaded or printed from:

<http://dudleygroup.nhs.uk/services-and-wards/trauma-and-orthopaedics/>

This leaflet can be made available in large print, audio version and in other languages, please call 0800 073 0510.

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Ulotka dostępna jest również w dużym druku, wersji audio lub w innym języku. W tym celu zadzwoń pod numer 0800 073 0510.

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