

# Bunion surgery

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## Information for patients

This information sheet answers some of the questions you may have about having Bunion surgery. It explains the risks and the benefits of the procedure and what you can expect when you come to hospital. If you have any questions or concerns, please do not hesitate to speak to the doctors or nurses caring for you.

### Confirming your identity

Before you have a treatment or procedure, our staff will ask you your **name and date of birth** and check your **ID band**. If you don't have an ID band we will also ask you to confirm your address.

**If we don't ask these questions, then please ask us to check.**  
Ensuring your safety is our primary concern.

## What is a bunion?

It is swelling on the side of your big toe joint. It happens when your big toe bends sideways towards your other toes. The medical term for this condition is hallux valgus.

Your big toe can press into your second toe. It may also stick upwards and over this toe and become painful. As your toes have moved position, you may also get pain from the ball of your foot, underneath your toes (metatarsalgia) which may lead to pressure sores or ulcers.

## What causes a bunion?

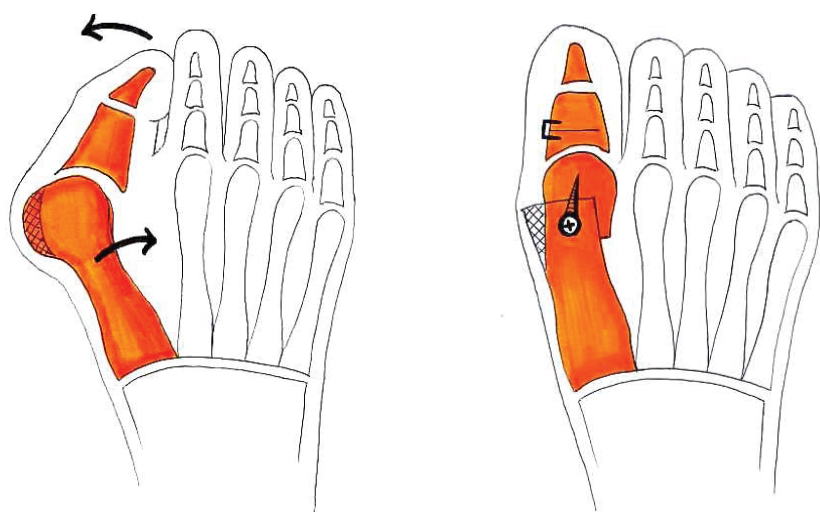
About 15-30% of people develop a bunion at some stage in their life. The cause is usually genetic, and there is often a strong family history of bunions going back several generations.

Wearing tight or badly fitting shoes can make the problem worse by rubbing and putting pressure on the bunion and causing pain. In some cases bunions may be caused by joint problems such as osteoarthritis or rheumatoid arthritis, injury or muscle imbalance.

## Why do I need surgery?

If non-surgical ('conservative') treatment does not work, your consultant may recommend you have surgery to relieve your pain, but not to make your foot look better.

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



Left: the effects of a bunion

Right: implants and screws holding the bone in place

These operations are often combined with shortening and straightening 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.

## What are the benefits?

- Relieves pain
- Prevents further deformity in the big toe and lesser toes
- Prevents pressure sores and ulcers.

## What are the risks?

Every operation has risks, but most of these are rare.

They include:

- Infection: this is a risk after any operation but it is not common after this type of surgery.

Symptoms to look out for include:

- increasing pain under your wound and around it
- increasing redness in the area around your wound
- a foul-smelling discharge from your wound
- a temperature of 38° C (100.4° F) or more.

If you think your wound has become infected, please contact your GP straight away. You will need antibiotics and may be referred back to the hospital to have your foot reviewed.

- Damage to nerves or blood vessels – this is rarely a serious problem. The most you may notice is that a small patch of your skin may feel slightly different from usual.
- Blood clots in your leg (DVT) or lung (PE) – this is very rare in smaller toe surgery. If you have a painful, swollen leg, chest pain or you start to get short of breath, please contact your GP or go to your local ED.
- 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 is much more common in people who smoke. You may need another operation to correct this problem.
- Ongoing pain or stiffness – changing the shape of your toes, even to improve them, can upset the delicate mechanical balance of your foot. Any pain or stiffness usually settles over time or you ease it by doing simple things such as using insoles, but you may need another operation if this persists.
- The bunion comes back – this may happen over time. Your risk is particularly high if you wear high heeled or narrow footwear.

## Are there any alternatives?

You do not need to have surgery to manage this problem. You can use 'conservative' (non-surgical) treatments to ease the pressure, swelling and pain and prevent pressure sores and ulcers. These include:

- wearing comfortable, well-fitting shoes which are extra deep and wide and have soft, moulded insoles. These may be all that you need to ease your symptoms
- avoiding wearing high heels and tight, pointed footwear
- having podiatry care to remove corns and calluses
- using bunion pads to reduce irritation and protect prominent areas
- taking painkillers to help reduce pain and inflammation.

If these treatments do not help relieve your pain, we may suggest you have surgery.

## 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.

## Who can I contact with queries and concerns?

Please contact a member of your consultant's team for more information.

## **Do I need to prepare for surgery?**

Before your operation you will have a pre-assessment appointment with one of our nurses. They will carry out some screening tests which may include blood tests, MRSA 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 you should stop taking your usual medications before going into hospital
- what to bring with you into hospital.

## **What happens before surgery?**

We usually give you a general anaesthetic for this procedure, as well as a local anaesthetic in your foot, to help keep you comfortable when you wake up.

## **What happens during surgery?**

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 puts two screws in your bone to hold it together. As the screws are put within the bone, you will not be able to feel them under the skin. They use stitches to close up your wounds.

## **How long does surgery take?**

It usually takes 45 - 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 up to 90 minutes.

## **What happens after surgery?**

As you had a general anaesthetic you will go back to the ward for at least one hour because you will feel drowsy and need time to recover.

You usually have this procedure as a day case and can go home the same day. But sometimes we will advise you to stay in hospital the night of your operation.

If you go home the same day, you will need 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.

We will wrap your foot in a thick bandage or put it in a cast made of plaster of Paris, depending on your operation. Once this is removed, we usually give you a surgical shoe to weight bear. Your surgeon will advise you after your operation on your ability to weight bear on your foot while wearing the surgical shoe. This depends on the extent of your surgery.

You may need to take painkillers for the first 24 hours. If you have had a local anaesthetic during your operation, your foot can stay numb for up to 24 hours.

Keep your leg raised to ease swelling and help wounds heal after surgery. This also helps improve early recovery.

## **Follow-up appointment**

We will see you in the outpatient clinic about 14 days after surgery, to take out your stitches (if necessary) and to check your wounds.

The screws or staples used to fix your big toe are permanent. If we have used any temporary wires for smaller toe corrections, we will remove them in the outpatient clinic four-six weeks after your surgery. This does not hurt so you do not need an anaesthetic.

### **Getting back to normal**

When the swelling has reduced significantly, you can wear supportive shoes. It usually takes about six weeks for the swelling to ease but it may take longer. You can usually start driving again when you can comfortably wear normal shoes, but please check with your surgeon and motor insurance company first. Do not wear high heels or play sports for three months after your surgery.

### **Caring for your foot**

Keep your foot raised to ease the swelling and help the wound to heal. Once the wound has healed, it is important to move your toes to prevent them from getting stiff. You may need to have physiotherapy or do stretching exercises to get your toes back to normal. Once your bandages have been taken off, we may give you a splint to support your big toe. You wear this for 6 – 12 weeks.

### **Sharing your information**

We have teamed up with Guy's and St Thomas' Hospitals in a partnership known as King's Health Partners Academic Health Sciences Centre. We are working together to give our patients the best possible care, so you might find we invite you for appointments at Guy's or St Thomas'. To make sure everyone you meet always has the most up-to-date information about your health, we may share information about you between the hospitals.

### **Care provided by students**

We provide clinical training where our students get practical experience by treating patients. Please tell your doctor or nurse if you do not want students to be involved in your care. Your treatment will not be affected by your decision.

### **PALS**

The Patient Advice and Liaison Service (PALS) is a service that offers support, information and assistance to patients, relatives and visitors. They can also provide help and advice if you have a concern or complaint that staff have not been able to resolve for you.

PALS at King's College Hospital, Denmark Hill, London SE5 9RS:

Tel: 020 3299 3601

Email: [kch-tr.pals@nhs.net](mailto:kch-tr.pals@nhs.net)

You can also contact us by using our online form at [www.kch.nhs.uk/contact/pals](http://www.kch.nhs.uk/contact/pals)

PALS at Princess Royal University Hospital, Farnborough Common, Orpington, Kent BR6 8ND:

Tel: 01689 863252

Email: [kch-tr.palskent@nhs.net](mailto:kch-tr.palskent@nhs.net)

If you would like the information in this leaflet in a different language or format, please contact PALS on 020 3299 1844.

PL717.1 November 2015

Review date November 2018

Corporate Comms: 1066