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Foot, Ankle and Trauma Surgery

BUNION / HALLUX VALGUS SURGERY

INTRODUCTION

A bunion (or hallux valgus) refers to an increase in the angulation of the joint at the base of the big toe (1st metatarsophalangeal joint). The cause of bunions is not fully understood, but there are a number of risk factors including family history, being female and certain types of shoes. Surgery, in the majority of cases, is an effective way to relieve the pain caused by bunions.

THE SURGERY

There are a number of different methods to correct bunions. Dr Wines uses a technique that involves re-aligning the bones on either side of the joint at the base of the big toe.

Corrective bunion surgery includes a number of steps. These include:

- i. general anaesthetic, intravenous antibiotics
- ii. small incision on top of foot between big and second toes
- iii. release of joint at base of the big toe
- iv. incision along inside of foot and big toe
- v. realignment of 1st metatarsal bone (called a Scarf osteotomy) fixed in place with 2 screws
- vi. realignment of bone at the base of big toe (called an Akin osteotomy) fixed with staple
- vii. check x-rays
- viii. closure of wound with stitches
- ix. insertion of Painbuster (local anaesthetic infusion pump).

THE RISKS OF SURGERY

All surgical procedures carry some risk. The risk of complications with hallux valgus surgery is low (in the vicinity of 20%). Some of the risks of surgery include:

- Infection
- Problems with wound healing that may require antibiotic treatment, readmission to hospital, further surgery including plastic surgery and/or other treatments
- Nerve injury causing pain, numbness tingling and/or pins and needles
- Ongoing pain
- Complex regional pain syndrome
- Scarring and stiffness
- Recurrence or over correction of the deformity
- Arthritis
- Deep venous thrombosis/pulmonary embolism. (The risk of DVT increases with smoking, the oral contraceptive pill and hormone replacement therapy, immobility and obesity).
- Insufficient blood flow resulting in loss of toes, foot or limb
- Drug allergy / anaphylaxis
- Further surgery
- Anaesthetic complications including heart attack, stroke and death

GUIDELINES FOR EXPECTED POST OPERATIVE RECOVERY

Keep dressings dry and intact until post operative appointment. Keep foot elevated as much as possible, especially for initial 72 hours.

Removal of stitches/sutures: 10-14 days at first post operative appointment.

Pain killers may be required for up to 6 weeks.

Weight bearing as comfortable in a post-operative shoe for 6 weeks.

Spacer between big and 2nd toe for 3 months.

Return to most activities: 12 weeks.

Fully recovery: 6 months.

Every patient's recovery is individual and depends on the severity of the injury and the complexity of the surgery.

ANY PROBLEMS

During office hours contact Dr Wines' office on (02) 9409 0563. After hours, please contact the hospital where your surgery was performed.