



York and Scarborough
Teaching Hospitals
NHS Foundation Trust

Bunion Correction Surgery

Information for patients, relatives and carers

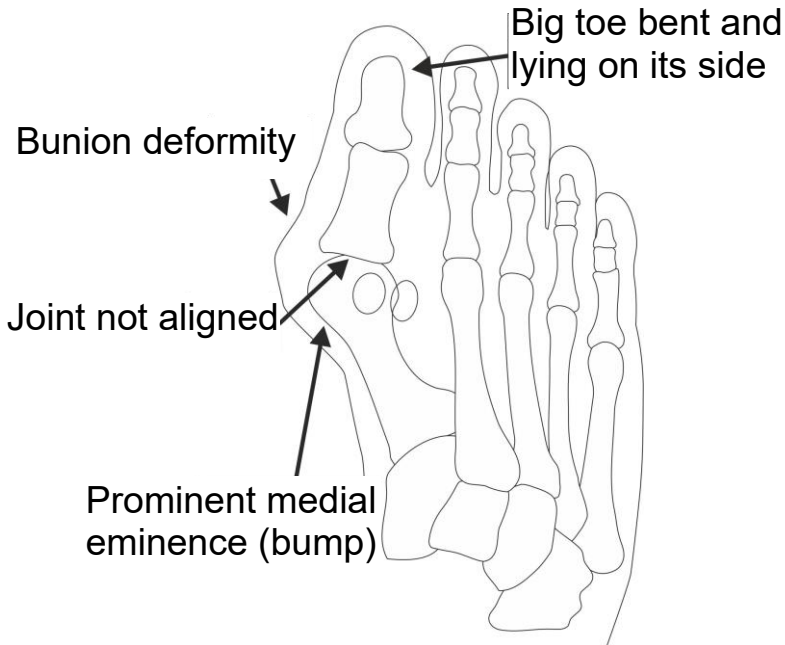
① For more information, please see contact details on
page 14

Contents	Page
What is a bunion?.....	4
What causes a bunion?	5
What is the treatment for bunions?	5
Footwear and insoles	5
What does surgery involve?	7
Minimally Invasive Surgery (MIS)	8
What about recovery after surgery?.....	11
When will I be able to drive again?	12
When will I be able to return to work?.....	12
What should I do if I have a problem after going home?	14
Tell us what you think of this leaflet	15
Teaching, training and research.....	15
Patient Advice and Liaison Service (PALS).....	15
Leaflets in alternative languages or formats	16

What is a bunion?

A bunion (hallux valgus) is when your big toe is angled towards the second toe. This causes the bone to stick outwards on the side of your foot, at the base of the big toe. Often there is thickening of the skin and tissues next to the affected joint, which can rub on footwear.

- The thickened skin and tissues may become inflamed, swollen and painful.
- The foot may become so wide that it can be difficult to find shoes wide enough.
- You may develop arthritis in the big toe.
- The second toe can become deformed.



A Bunion (hallux valgus)

What causes a bunion?

In most cases it is not clear why a hallux valgus deformity develops. There may be some genetic tendency to have weakness of this joint. Wearing tight or badly fitting shoes tends to make the problem worse. Such shoes put extra pressure on the big toe joint and cause friction on the overlying skin.

What is the treatment for bunions?

Footwear and insoles

Wearing well-fitting footwear does not cure the deformity, but may ease symptoms of pain and discomfort.

- Wear shoes, trainers or slippers that fit well and are roomy.
- Don't wear high-heeled, pointed or tight shoes.
- You might find that shoes with laces or straps are best, as they can be adjusted to the width of your foot.

The use of insoles may help to ease symptoms by improving foot function; these can be purchased over the counter. A referral to a podiatrist or orthotist may be beneficial for the provision of insoles.

Medication

Pain relief such as paracetamol or ibuprofen may ease any pain and should be discussed with your pharmacist or doctor.

Surgery

The reason for considering an operation is to reduce pain by correcting the deformity. An operation may be advised:

- If you experience painful symptoms.
- If appropriate footwear and provision of insoles does not ease symptoms.

The aim of the operation is to straighten the joint as much as possible and relieve pain.

What does surgery involve?

The surgery is usually performed as a day case, which means you won't have to stay in hospital overnight. You will have a general or a spinal anaesthetic. You may also have local anaesthetic injected around your ankle, which means your foot may feel numb for a short time after surgery. This helps with pain relief immediately after surgery.

There are many different types of bunion surgery, some of which are described in the following sections:

Osteotomy

We frequently use a procedure known as an osteotomy. This involves making a cut in the great toe bone (see diagram). The bone is realigned into the correct position, the new position is held in place with screws. This can be combined with a cut made at the base of the big toe, which is held in position with a staple or screw. A further cut will be made between the big and second toe, to release the soft tissues and help maintain the new position.

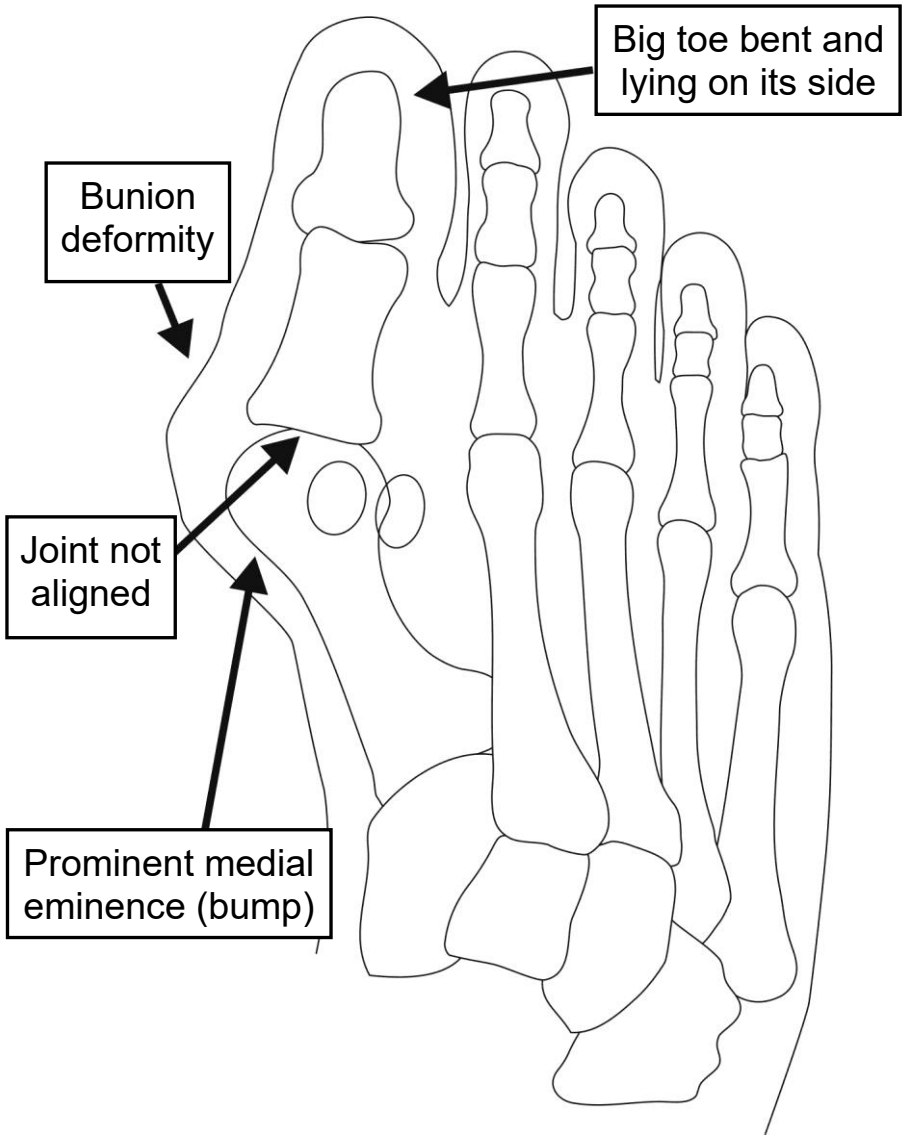
Lapidus

For some bunions, a different type of operation is required known as a Lapidus procedure. This is where two bones are fused (intended to heal as one) in a position to correct the bunion. The recovery time and programme is different when this procedure is performed. This will be discussed with the orthopaedic team before your operation.

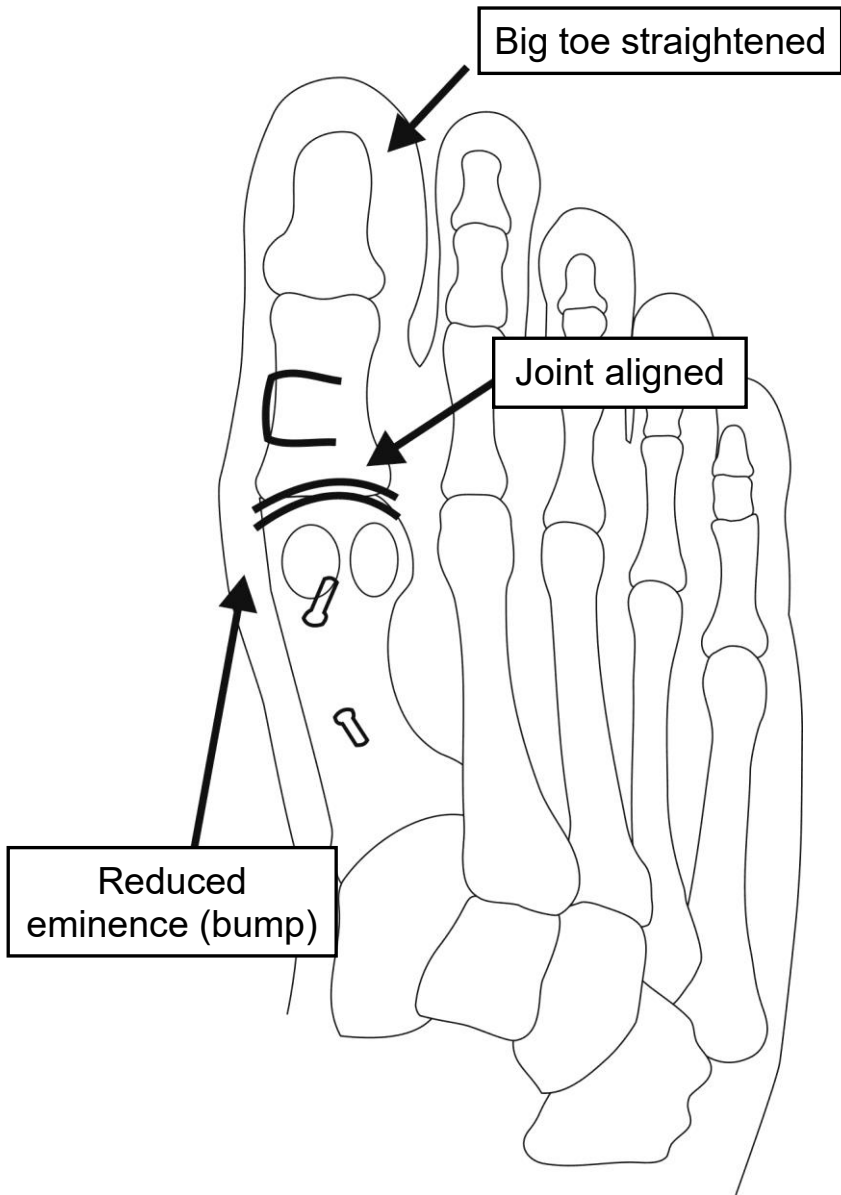
Minimally Invasive Surgery (MIS)

We do perform some bunion correction surgery through minimally invasive surgical techniques, such as keyhole surgery. This can be discussed with the orthopaedic team, as it is not suitable for all patients.

Your clinician will advise and discuss which technique is considered the most appropriate for your condition.



Before surgery



After surgery

What about recovery after surgery?

- After your operation you will usually be allowed home later that day.
- Your foot will be covered in a bandage and a surgical shoe for one to two weeks.
- Do not remove your bandage.
- Keep your bandage dry.
- You may begin walking straight away, but only in the surgical shoe.
- We advise you to elevate your foot for regular periods throughout the day, for several weeks after surgery.
- You may experience some numbness over a 12-24 hour period.
- You may notice some bleeding through the bandage, which is not uncommon.
- You may only remove the surgical shoe at night in bed. You must put it back on when you get out of bed.
- Your bandage will be removed one to two weeks after surgery. You need to wear the surgical shoe until you have been reviewed with an x-ray. This usually occurs around six weeks after your surgery.

Usually, the metalwork put in during surgery will remain in your foot all your life. If you experience any issues with the screws, staples or plates, removal can be considered.

When will I be able to drive again?

You will be unable to drive for a period of six weeks after surgery.

The only exception is after your two week outpatient/practice nurse review when you may be allowed to drive if you have an **automatic vehicle** and only **left foot** surgery.

When will I be able to return to work?

Generally six weeks is required off work. This does depend on your occupation. If you have a particularly manual job or one which involves prolonged standing or long shift work, it is possible this period will be longer.

We will provide you with a fit note for the first six weeks. This may be extended at your six-week review in the outpatient department.

Possible complications of surgery Modern forefoot surgery has a success rate of more than 90% but, as with all surgery, complications can occur. You should not contemplate surgery for cosmetic reasons only.

Recurrence of the deformity – this happens very rarely and further surgery may be required. Over correction – this again happens very rarely and may require further surgery. Infection – this can sometimes occur in a small percentage of patients. If this is the case, it is possible that further surgery may be required to remove infected

bone or screws. Minor infections normally settle after a short course of antibiotics. Numbness and tingling – this can occur at the surgical site, as a result of minor nerve damage. Numbness or sensitised areas are usually temporary but may be permanent. Non union – the bones occasionally fail to unite (join). If you smoke, your risk of non union or major complications are greatly increased. It is essential that you stop smoking before surgery and refrain from smoking until all bones have healed. Please see Stop before your op leaflet on our website.

Screws – occasionally, screws become prominent. These may be removed at a later stage. Scarring – any type of surgery will leave a scar. Occasionally this causes pain and irritation. Stiffness – stiffness and pain in the toe(s) can occur following surgery. Pressure transfer – a callous can develop under the second toe, which is caused by transferring weight to the second toe (this applies to bunion surgery only). Blood clots – a deep vein thrombosis (D.V.T.) or pulmonary embolus (P.E.) is rare. Please inform the team if you have had a D.V.T. or P.E. before, or if you have a family history of clotting disorders. You will be given antiembolic stockings for your non operated leg. **REPORT SEVERE PAIN, MASSIVE SWELLING, EXCESSIVE NUMBNESS OR PINS AND NEEDLES.**

What should I do if I have a problem after going home?

If you experience severe pain, excessive swelling or bleeding please contact:

Within the **first 24 hours** after you leave hospital, contact the Day Unit on 01904 726010 between 8am and 6pm. Outside of these hours please contact the Extended Stay Area on 01904 721265.

After 24 hours please contact your own GP.

Alternatively, during a weekend or if you are unable to seek other appropriate advice, please contact Ward 29 on 01904 726029.

This leaflet is intended as a guide. Some of the details and instructions may vary due to your individual surgery or special instructions from your surgeon.

Further information regarding foot and ankle surgery can be found in the booklet “Foot and Ankle Surgery”.

Tell us what you think of this leaflet

We hope that you found this leaflet helpful. If you would like to tell us what you think, please contact:

We hope that you found this leaflet helpful. If you would like to tell us what you think, please contact:

Ortho.news@york.nhs.uk, Or, Ward Sister, Ward 29, The York Hospital, Wigginton Road, York, YO31 8HE, telephone 01904 726029.

Teaching, training and research

Our Trust is committed to teaching, training and research to support the development of health and healthcare in our community. Healthcare students may observe consultations for this purpose. You can opt out if you do not want students to observe. We may also ask you if you would like to be involved in our research.

Patient Advice and Liaison Service (PALS)

PALS offers impartial advice and assistance to patients, their relatives, friends and carers. We can listen to feedback (positive or negative), answer questions and help resolve any concerns about Trust services.

PALS can be contacted on 01904 726262, or email yhs-tr.patientexperienceteam@nhs.net.

An answer phone is available out of hours.

Leaflets in alternative languages or formats

If you would like this information in a different format, including braille or easy read, or translated into a different language, please speak to a member of staff in the ward or department providing your care.

Patient Information Leaflets can be accessed via the Trust's Patient Information Leaflet website:

www.yorkhospitals.nhs.uk/your-visit/patient-information-leaflets/

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