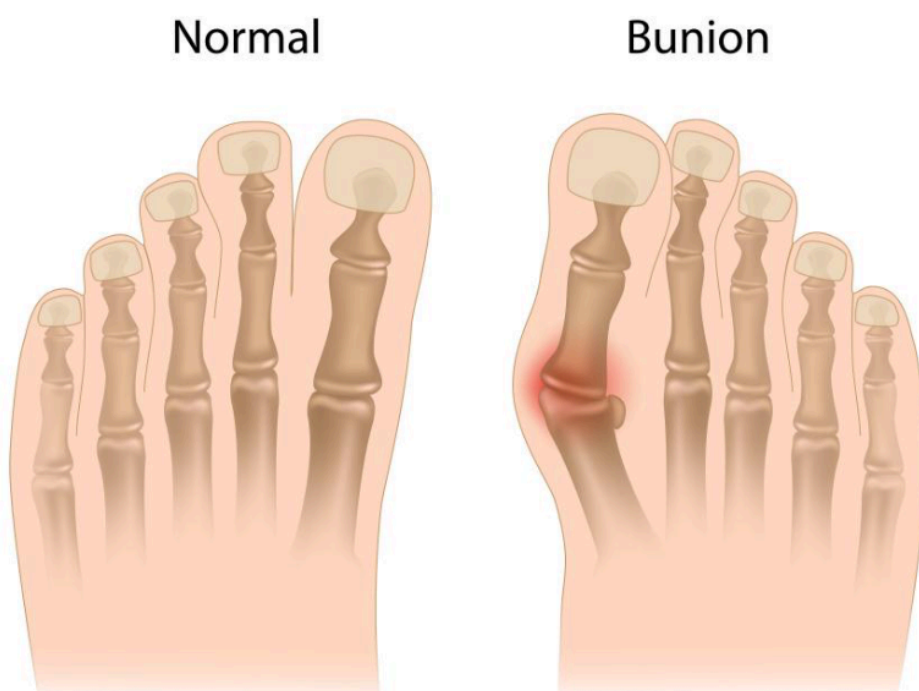


Hallux Valgus

What is a Hallux Valgus?

Hallux Valgus is the scientific name for a bunion, and refers to a condition in which the big toe is angled towards the second toe.



Causes

No single cause has been proven. Bunions may be inherited or due to a muscle imbalance. Certain footwear can contribute to the deformity.

Symptoms

Bunions can cause:

- Pain, swelling and redness around the bunion
- Difficulty in walking due to

discomfort

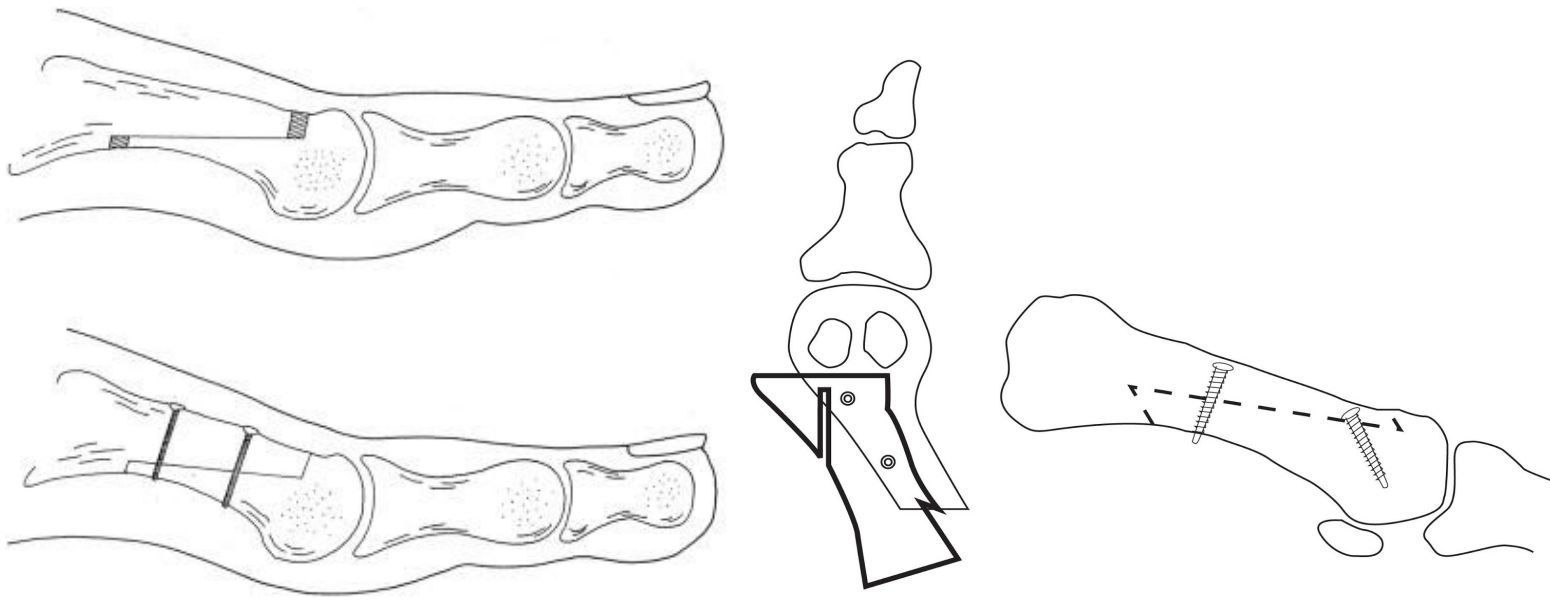
- The foot may become wide, difficult to find wide enough shoes
- Pain under the ball of foot under the small toes

Treatment

- 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 properly.
 - You may also want to use a bunion pad over the bunion, or a toe spacer to give you some 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 inflammation of your bunion.
- Surgical treatment
 - Surgery for bunions usually only takes place after simple measures have failed to relieve the pain. Bunion surgery is not a cosmetic procedure. The main reason to undergo surgery is for pain-relief.
 - The surgery involves a procedure to cut the bone, realign and fix it in a new position. The aim of the procedure is to realign the big toe straight, reducing the bump over the bunion. 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.
 - An incision (cut) is made along the inner side of the bunion. The cut (osteotomy) is made in the long bone of the big toe. This is repositioned to narrow the gap between first and second ray (metatarsal) and fixed in place by two small screws. The screws are buried in the bone so usually they do not need to be removed.
 - A further procedure known as Akin osteotomy may be carried out on the big toe at the same time to avoid the big toe under or over riding the 2nd toe. This involves removing a wedge of bone from the base of big toe and fixed in position using a staple or screw. The aim of this 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 be provided with a special shoe afterwards. Occasionally, severe bunions may require a sandal plaster for 3 weeks
 - Below are picture of where the cuts are made in the bone in the big toe and where the screws are inserted after the toe is realigned in its new position.

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X-ray appearance before and after surgery are shown below



Complications following surgery

Modern big toe surgery is usually successful at achieving improvement in pain and deformity but the following complications can occur.

- Swelling

It is normal for your foot to swell after surgery. It may take up to 6 months for the swelling to go down depending on your general health and activity. It is important to elevate your foot above the 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 the foot to avoid weight bearing on the big toe. This could induce some discomfort/pain under the ball of the other toes. As the bone healing progress, the pain and swelling improves.

- Infection

This occurs in a very small percentage of patients. Minor infections normally settle after a short course of antibiotics. Deep infection is less than 1% and may require further surgery to resolve the infection and prolonged antibiotics.

- Bleeding

Sometimes after the surgery the wounds can bleed. But elevating the foot above the groin level will reduce the bleeding/oozing. If you are concerned please contact the team (**not your GP**) looking after you and they will invite you back to clinic for a wound assessment.

- Numbness and tingling

This can occur around the wound as a result of minor nerve damage. Numbness or sensitive areas usually settle but occasionally permanent.

- Blood clots

Deep vein thrombosis (DVT) or pulmonary embolism (PE) is rare. All patients will undergo a risk assessment for their chance of developing a blood clot and preventive injections are given.

- Scarring

All surgery will leave a scar, these can sometimes be sensitive. It is recommended to massage the scar with E45 cream or bio oil from three weeks after surgery.

- Stiffness

You may develop some stiffness of the big toe. For most people this is not a problem, although it may affect high performance athletes or dancers. We encourage you to move the big toe after surgery to reduce the risk.

- Recurrence of the deformity

This happens infrequently and further surgery may be required.

- Over correction [Hallux Varus]

This occurs 1 in 100 patients. It can cause discomfort and cosmetically displeasing which 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.

- Non-union

The bones rarely don't heal and cause continued pain. If you smoke the risk of non-union or major complications are much higher. Non-union may require further surgery to make the bones heal.

- Chronic Regional Pain Syndrome (CRPS)

A small number of patients may experience CRPS. This is a chronic condition characterised by severe pain, swelling and changes to the skin which persist beyond the first few weeks following surgery. This is treated with physiotherapy and pain killers.

Post operative Advice

Wound care/dressing

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

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

Elevation

It is extremely important to keep the foot which has been operated on elevated above groin level as much as possible for the first two weeks after your operation.

For two days after your surgery your foot needs to be raised 55 minutes out of every hour. The duration of the elevation is reduced by 5 minutes per hour every day (e.g. 50 minutes on day 3, 45 minutes on day 4 etc). This should help to reduce the foot swelling, pain and better wound healing.

Analgesia

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

Exercise

The physiotherapist will assess your walking and provide crutches if required prior to discharge from the hospital. You will be instructed on how to move the affected foot and ankle and exercise to prevent the stiffness of the big toe.

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

Follow up appointments

You will be given an outpatients appointment for two weeks following the surgery. At this appointment our clinical nurse specialists will remove the dressings and inspect the wound. You will be given further information on how to care for your wound, exercise and splint (if required).

A further appointment will be made 6-8 weeks after your surgery to check your progress. An x-ray is usually taken to assess the deformity correction.

If there are no concerns at 6 to 8 weeks after surgery, you will be discharged with no further follow up appointments. However, if you develop any problem later consult your doctor. Foot swelling and discomfort is expected for 4 to 6 months after surgery.

Returning to work

This depends on your individual circumstances and your type of employment. If you have a sedentary job and are able to elevate your affected foot, then you may return to part time work from two to three weeks after surgery. If you have a more physically demanding job it may take up to three months to return to work, however the

majority of people return to work at 8 to 10 weeks. The average bone healing time is 4 months.

Driving

If surgery is undertaken on your LEFT foot and have an automatic car, you can start driving at around 3 weeks following the operation. Otherwise, you may be able to drive for 6 to 8 weeks post-op. You need to do a test drive to ensure you can perform an emergency stop. You should notify your insurance company the type of procedure that you have undergone to ensure your cover is valid. If there is any problem, contact the DVLA

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 5 to 6 months

