

discussed with your surgeon. It is ideal if smoking can be ceased prior to surgery.

It is also advisable to prepare circumstances at home prior to your surgery, as there will be a period of recovery and rehabilitation following your surgery. Arranging for family and friends to assist you in the home setting is highly recommended. You should ensure that there is adequate clearance in the home to enable you to use a crutches or walking frame.

It is important that you organise family and friends to assist you with transport, as you will not be able to drive for at least 8 weeks.

AFTER SURGERY

You will be in a bandage and require a post-operative shoe for up to 6 weeks. Your mobility will be limited by swelling and discomfort. It is important that you rest in between walking to allow the pain and swelling to settle. At home, initially walking is kept to a minimum. You will require assistance with household chores such as cooking and cleaning.

After 6 weeks the dressings are removed, it may take another 2 weeks to be comfortable in closed shoes.

Driving is not allowed when in the post-operative shoe, but may be resumed when comfortable, particularly when you are able to brake in an emergency, usually at the 8 week mark following surgery.

Returning to work can be dependent upon the activities of your employment, but is usually resumed at anywhere between 6 weeks and 3 months following surgery.

Even though the foot will be narrower following bunion surgery, it is still recommended that wide, well fitted shoes be worn to lessen the risk of the bunion recurring.

RISKS OF SURGERY

Risks include infection, wound healing problems (especially in those patients who smoke, have diabetes or vascular disease) and stiffness. Surgery may not completely remove pain or the bunion. Bunions can recur over time. Rarely, nerves and blood vessels can be damaged leading to numbness or loss of a toe (amputation)

HALLUX VALGUS

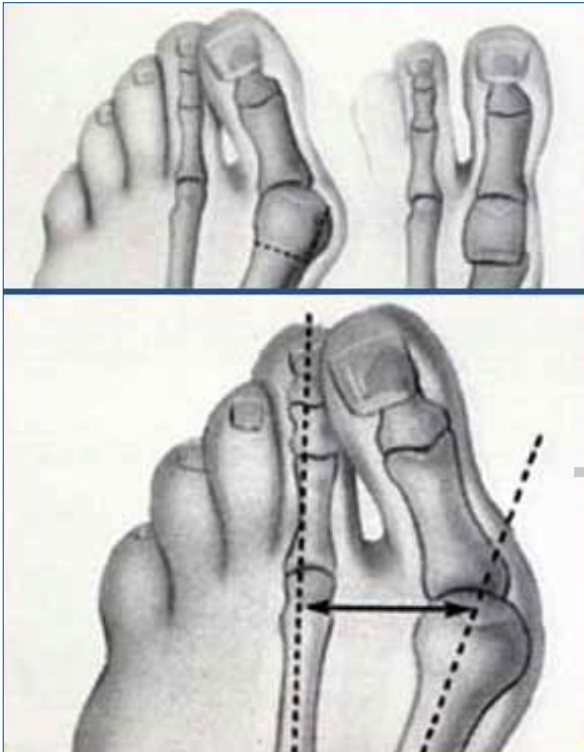
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INTRODUCTION

Bunion (Hallux Valgus) is a deformity of the big toe when the toe deviates towards the smaller toes and a bony lump appears on the inside of the foot. Sometimes swelling develops over the bony lump in the soft tissues. The bony lump is the end of the "knuckle-bone" of the big toe (the first metatarsal) which becomes exposed as the toe tilts out of place.



The main problem is usually the pressure of the shoe over the bony prominence, which causes discomfort or pain. Sometimes the skin over the lump becomes red, blistered or infected. The foot may become so broad that it is difficult to get wide enough shoes.

The big toe sometimes tilts over so much that it rubs on the second toe, or pushes it up out of place so it presses on the shoe. Also, the big toe does not work as well with a bunion, and the other toes have to take more of the weight of the body as you walk. This can cause pain under the ball of the foot (metatarsalgia).

Sometimes arthritis develops in the deformed joint, causing pain in the joint.

TREATMENT

SHOES

Many people with bunions are quite comfortable if they wear wide, well fitting shoes giving the shoes time to adapt to the shape of their feet. A small pad over the bony prominence, which can be bought from a chemist or podiatrist, can take the pressure of the shoe off the bunion. High heels tend to squeeze the foot into the front of the shoe and should be avoided. It is often worthwhile seeing a podiatrist if these simple measures are not quite enough.

SURGERY

Surgery may be advised if simple measures fail to control pain and deformity. It may also be performed if the big toe is so deformed that it is pressing on or overlapping the second toe.

The surgery involves cutting and realigning the first metatarsal (osteotomy). There are many types of osteotomy described, but the principles of the surgery are the same. The first metatarsal is cut through, repositioned and fixed with screws or pins. Sometimes, a second cut is required between the first and second toes to free up the tight tissues on this side of the toe. If the other toes are deformed or painful, they may also require surgery at the same time.

When there is severe deformity or when arthritis has developed, fusion (arthrodesis) of the big toe is performed. This operation stiffens the joint at the base of the big toe (first metatarso-phalangeal joint), removing any bony lumps and correcting any deformity. The toe will be stiffer than before and the choice of shoes is more limited.

BEFORE SURGERY

Anti-inflammatory medications such as Aspirin, Brufen, Voltaren, etc. should be stopped 10 days before surgery. If you are taking any blood thinners, for example, Warfarin, Plavix or Iscover, stopping these should be