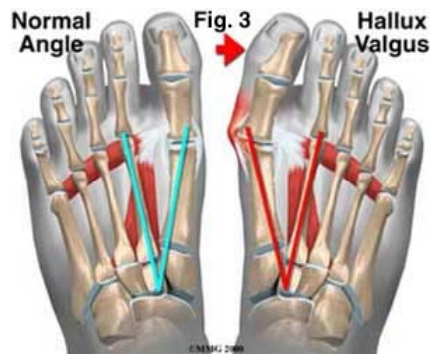


Bunionectomy

A bunion (hallux valgus) is a structural deformity of the joint at the base of the great toe. This joint can become arthritic over time. Bunions can be painful and cause problems with the other toes of that foot and with finding and wearing shoes.



Surgery

The basic surgical procedure for hallux valgus can include removing the bunion, re-aligning the bones that make up the big toe, or balancing the muscles around the joint so the deformity does not return.

Bunionectomy. In some cases, surgery may only be required to remove the bunion. This operation is performed through a small incision on the side of the foot immediately over the area of the bunion. Once the skin is opened the bump is removed using a special surgical saw or chisel. The bone is smoothed and the skin incision is closed with small stitches.

Osteotomy. The bone is cut and repositioned with an osteotomy. The two basic techniques used are distal osteotomy and proximal osteotomy. A *distal osteotomy* is performed by cutting and moving the bone sideways and usually requires one or two small incisions in the foot. Metal pins hold the bone in place and are removed six weeks following surgery. A *proximal bunionectomy*, the first metatarsal is cut at the near end of the bone. This procedure usually requires two or three small incisions in the foot. The bone is realigned and held in place with metal pins until it heals.

Capsulotomy. Realignment of the big toe is completed by releasing the tendons on either side of the first joint. By releasing the tendon, the toe is no longer pulled out of alignment. The toe is realigned and the joint capsule on the side of the big toe closest to the other toe is tightened to keep the toe straight, or balanced.

Pre- and Post-operative

The answers to many of your pre- and post-operative questions are in the pre-operative handout that was given to you. Please take a moment and read through it.

Your first post-operative appointment will be 10 – 14 days after surgery. At that time, the dressing and sutures will be removed; x-rays may be taken. If you have pins, they will be removed 6 weeks following surgery. A plastic spacer will be placed between your first and second toes to maintain their alignment; the spacer must be worn at all times for the next eight weeks. You will be given a special shoe called an orthowedge or negative heel shoe, which allows you to walk, but places pressure on your heel rather than the toes.

You will be able to wear a stiff-soled sandal or shoe 6 – 8 weeks following surgery. Custom orthotics for your shoes may be prescribed. Swelling may take up to one year to completely subside. Please note that if surgery was on your right foot, you will not be able to drive until you are able to wear street shoes.

Dr. Cooper's patients will be seen by the Nurse Practitioner for the first post-operative appointment and specific post-operative questions will be addressed at the second post-operative appointment.

You will be able to participate in some exercise programs once the sutures and pins are removed. In general, pleasure walking, swimming, elliptical, and stationary biking are acceptable. Tennis, running, and other forms of exercise that involve placing a large amount of pressure on the toes or sudden stops are not advised for at least 6 – 9 months post-op. Some positions required in yoga are not recommended.

Other Resources:

American Academy of Orthopaedic Surgeons (www.orthoinfo.aaos.org)
American College of Foot and Ankle Surgeons (www.footphysicians.com/footankleinfo/)
American Podiatric Medical Association (www.apma.org)
American Orthopaedic Foot and Ankle Society (www.aofas.org)
National Institutes of Health (www.nih.gov)

These are general guidelines only. Your individual course of treatment may vary.