

## **MINIMALLY INVASIVE HALLUX VALGUS SURGERY (Bunion correction)**

### **What is the problem?**

A bunion (or hallux valgus) refers to an increase in the angulation of the joint at the base of the big toe (1<sup>st</sup> 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.

### **What's involved?**

There are a number of different methods to correct bunions. Dr Phegan uses a minimally invasive 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:

- general anaesthetic, antibiotics
- four small incisions on top of the foot
- realignment of 1<sup>st</sup> metatarsal bone (called a Chevron osteotomy) fixed in place with 2 screws
- realignment of bone at the base of big toe (called an Akin osteotomy) fixed with one screw
- check x-rays
- closure of wound with stitches and steri strips.

### **What's the worst thing(s) that can happen with surgery?**

All surgical procedures carry some risk. The risk of complications with hallux valgus surgery is low. Some of the risks of surgery include:

- Infection
- Problems with wound healing
- Nerve injury causing numbness, tingling and/or pins and needles.
- Stiffness of joint at the base of the big toe
- Recurrence of the bunion deformity
- Deep venous thrombosis/pulmonary embolism. (The risk of DVT increases with smoking, the oral contraceptive pill and hormone replacement therapy, immobility and obesity).
- Anaesthetic complications
- Drug allergy
- Ongoing pain
- The forefoot can remain swollen after bunion surgery for a number of months.

## What can I expect after surgery?

### *Rest*

- You will have a post surgical shoe on your foot. Keep foot elevated as much as possible, especially for initial 72 hours. Keep dressings dry and intact until post operative appointment.
- Mobilise short distances as pain allows, aim to remain in your own home for the first few weeks limiting long periods of standing or mobilising
- Bear weight as tolerated

### *Pain*

- Pain relief may be required for up to 2 weeks; depending on your other medications this may include:
  - Regular paracetamol, anti-inflammatory drugs and break through opiate type medications

### *Driving*

- Any surgery performed on the right foot or both feet will mean no driving for a minimum of 6 weeks
- If surgery was performed on the left foot then driving in an automatic is possible, but Dr Phegan would recommend waiting a minimum of two weeks before attempting to drive

**Driving any vehicle with a cast or boot is potentially hazardous and you should consider this before getting behind the wheel**

### *Follow up*

- Keep all dressings dry and in tact for the first two weeks
- Removal of stitches/sutures typically occurs at an appointment with Dr Phegan's and his in-house therapists at 10-14 days at first post operative appointment. Very occasionally some sutures need to stay in for longer
- Your appointment will be booked by Dr Phegan and a confirmatory SMS will be sent informing you of the time and date for follow up

### *Typical milestones*

- 2 weeks: Wound review and removal of sutures
- 2-6 weeks: regular efforts to maintain ankle range of motion
- 6weeks to 3 months: work on swelling reduction, scar massage and mobility
- Full recovery 6-9 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 Phegan's office on (07) 56711120 or email [info@drphegan.com](mailto:info@drphegan.com)

After hours please contact the hospital where your surgery was performed or attend your local GP