

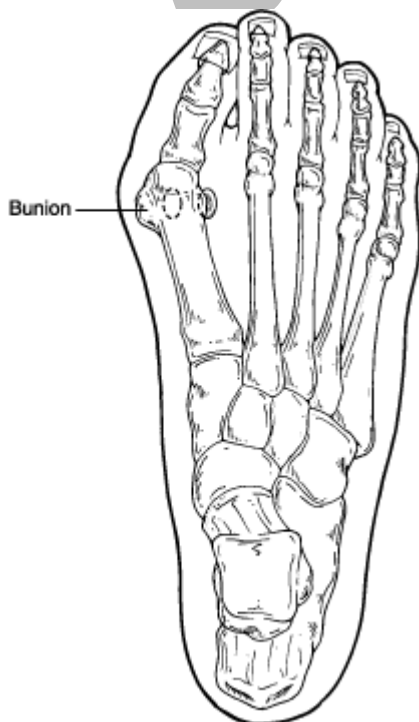
## **Bunion Surgery (Metatarsal Osteotomy)** **Information for patients**

This leaflet tells you about the procedure known as Metatarsal Osteotomy (Bunion Surgery). It explains what is involved, and the common complications associated with this procedure. It is not meant to replace discussion between you and your doctor, but as a guide to be used in connection to what is discussed with your doctor.

### **What is a bunion?**

A bunion is a swollen sore bump at the point where your big toe connects to your foot (the metatarsophalangeal (MTP) joint).

It is not a “growth” on the bone, a bunion is caused when the bone or tissue at the big toe joint moves out of place, forcing the toe to bend “inwards” towards the other toes. This joint flexes with every step you take, and the bigger the bunion gets the harder it is to walk. It may become difficult to wear shoes, and the pressure from your big toe may start to affect the second toe by forcing it out of alignment. The skin on the bottom of your feet may become thicker and painful, and an advanced bunion can make your feet look disfigured.



### **How did I get a bunion?**

A bunion forms when the normal balance of the joints and tendons of the foot becomes disrupted, brought about by years of abnormal motion and pressure over the MTP joint.

Some people have an unusual style of walking that makes them more likely to develop a bunion. Tight or ill fitting shoes are often blamed for causing bunions. They can also be caused by foot injuries and people with flat feet or low arches are more likely to develop bunions.

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### What is the treatment?

If the bunion is treated early it may be enough to relieve the pressure on the bunion and smaller toes, and to stop the joint becoming more deformed. Padding the bunion, and wearing shoes that can be worn comfortably may bring relief.

Anti inflammatory drugs or cortisone injections may be used to ease the pain and swelling caused by joint deformities. Shoe inserts may help in cases where the bunion is caused by flat foot and collapse of the arches.

If these treatments do not give relief from pain then surgery is the only way to correct severe bunions.

### What does surgery involve?

The operation aims to remove the bunion and realign the joint so that it can function normally. A cut is made between the big toe and the second toe, and the tight tissues are freed. A cut is then made over the bunion. The big toe joint is opened and the bony lump is removed. The knuckle bone (first metatarsal) is cut through at the base, repositioned and fixed with a screw.

Because the operation involves dividing the bone, it has to be held in position (using small screws, wires or staples) while the bone heals together again. The soft tissues of the big toe joint are tightened on the outside of the foot to correct the deformity and the wound is stitched up. The foot is protected in a special postoperative shoe

The procedure is usually carried out under a general anaesthetic. Provided you are happy for the procedure to be performed, you will be asked to sign a consent form to confirm your understanding of the procedure. You will be offered a copy of this consent form.

### How long will I be in hospital?

The operation is usually performed either as a "Day Case", where an overnight stay is not usually necessary, or with an overnight stay in hospital. If you have other medical problems i.e. diabetes, asthma or high blood pressure you may have to be admitted the day before the operation for tests and stay overnight after surgery. This procedure involves breaking and repositioning a bone, and the most common reason for having to stay overnight after bunion surgery is for pain control.

### What are the risks associated with this procedure?

This operation produces good results in most cases, however a small number of people who have this procedure may experience one or more of the problems listed:

- Some complications are associated with any surgery i.e. thrombosis (blood clot) and anaesthetic problems.
- Swelling – because your foot is at the bottom of your body fluid tends to collect in the tissues and cause swelling. This may be slow to disappear.
- Infection in the wound, plaster problems and minor damage to the nerves in the toe can occur in any foot surgery. Rarely infection of the bone may occur.
- The big toe may be stiffer than before the procedure
- The big toe is slightly weaker with a bunion and this transfers weight onto the ball of the foot. After surgery this weight transfer can increase. If you have experienced pain under the ball of the foot (metatarsalgia) it may worsen after surgery, or develop for the first time.

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- The big toe can tilt back towards the original position and the procedure may have to be redone.
- The screw used to fix the bone becomes painful or prominent and needs to be removed
- The bunion may come back.

Most problems can be treated, but sometimes the outcome of the procedure is not as well as expected. We would not recommend surgery for cosmetic reasons, and the level of symptoms suffered before surgery must be worth the risk of these complications.

If you are at particular risk of any of these complications your doctor will discuss this with you.

### **What are the benefits of having this procedure?**

The majority of people who have this surgery experience an improvement in their condition. The ultimate aim of the surgery is to relieve pain and prevent the bunion from recurring.

### **What are the alternatives to surgery?**

Surgery for a bunion is advised if non-surgical measures i.e. padding and pain relief have not worked. Your doctor would not have suggested surgery unless they believed it was the best course of treatment.

### **What can I expect after the operation?**

When you wake up your foot will be in a bandage. There will be some pain, but you will be given medication to control this. To help to prevent swelling after the operation you will need to keep your foot up. If the swelling of the foot or leg worsens when the foot is elevated above heart level you should speak to your doctor.

You will be given a special shoe to wear, and this should be worn at all times, including in bed at night. You will wear this shoe for around six weeks. After this you will wear an open toed type shoe/sandal with adjustable straps.

It is very important that you notify your doctor if you get an increase in pain when you go home, especially if the pain is not controlled by elevating your leg and taking mild painkillers, as this may be the first signs of an infection.

### **What happens when I go home?**

An outpatient appointment will be made for you to return to clinic after approximately two weeks to have your stitches removed. You will be given exercises to do after surgery, and these must be done to help to prevent stiffness of the toe.

When you first go home you must spend most of your time resting, with your foot lifted above heart level. When the foot is lowered you will initially experience swelling, and the foot will throb. As time passes the length of time you can keep your foot down without too much pain will increase, until two or three weeks after surgery when you should be able to keep your foot down most of the time.

### **When can I go back to work?**

This will depend on the work you do and how you get to work. If you have a job that is not affected by having your foot in plaster, and you could get to work, then you could probably go back to work a week after surgery. If you have a manual job you may be off work for up to three months. Your surgeon will advise you about going back to work.

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### When can I drive?

Once your plaster has been removed you may be able to resume driving. You must be able to safely make an emergency stop, or your car insurance will not cover you in the event of an accident. Ask your surgeon for advice on when it is safe for you to drive again.

### Contact Us:

If you are going to have an operation you may be asked to attend the hospital for a pre-operative assessment. Please ask our staff any questions you may have about your treatment. Alternatively, you can phone the main hospital switchboard on 0121 424 2000 and ask to speak to your consultant's secretary.

### Further sources of information:

You may want to visit our Health Information Centres located at the Main Entrance at Birmingham Heartlands Hospital, Tel: 0121 424 2280, or at the Treatment Centre at Good Hope Hospital Tel: 0121 424 9946 or Email: [healthinfo.centre@heartofengland.nhs.uk](mailto:healthinfo.centre@heartofengland.nhs.uk)

Contact NHS Direct, Telephone 0845 4647 or visit them on the Internet at <http://www.nhsdirect.nhs.uk>

The Society of Chiropractors  
53 Welbeck Street  
London  
W1M 7HE  
Telephone: 020 7-486 3381  
<http://www.feetforlife.org>

Website with information about feet conditions and surgery  
<http://www.blackburnfeet.org.uk>

You may want to visit the Health Information Centre located at the Main Entrance at Birmingham Heartlands Hospital, Tel: 0121 424 2280, Email: [healthinfo.centre@heartofengland.nhs.uk](mailto:healthinfo.centre@heartofengland.nhs.uk)

### Our commitment to confidentiality

We keep personal and clinical information about you to ensure you receive appropriate care and treatment. Everyone working in the NHS has a legal duty to keep information about you confidential.

We will share information with other parts of the NHS to support your healthcare needs, and we will inform your GP of your progress unless you ask us not to. If we need to share information that identifies you with other organisations we will ask for your consent. You can help us by pointing out any information in your records which is wrong or needs updating.

### Additional Sources of Information:

Go online and view NHS Choices website for more information about a wide range of health topics <http://www.nhs.uk/Pages/HomePage.aspx>

### You may want to visit one of our Health Information Centres located in:

- Main Entrance at Birmingham Heartlands Hospital Tel: 0121 424 2280
- Treatment Centre at Good Hope Hospital Tel: 0121 424 9946

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- Clinic Entrance Solihull Hospital Tel: 0121 424 5616  
or contact us by email: [healthinfo.centre@heartofengland.nhs.uk](mailto:healthinfo.centre@heartofengland.nhs.uk).

### Dear Patient

We welcome your views on what you thought of this patient information leaflet, also any suggestions on how you feel we can improve through our feedback link below:

- Patient Information Feedback email:  
[patientinformationleafletfeedback@heartofengland.nhs.uk](mailto:patientinformationleafletfeedback@heartofengland.nhs.uk)

If you wish to make any other comments this can be done through the links listed below:

- Patient Opinion: [www.patientopinion.org.uk](http://www.patientopinion.org.uk)
- I want great care: [www.iwantgreatcare.org](http://www.iwantgreatcare.org) (Here you can leave feedback about your doctor)

Be helpful and respectful: think about what people might want to know about our patient information and this hospital and how your experiences might benefit others. Remember your words must be polite and respectful, and you cannot name individuals on the sites.

**If you have any questions you may want to ask about your condition or your treatment or if there is anything you do not understand and you wish to know more about please write them down and your doctor will be more than happy to try and answer them for you.**

