What is a bunion?
A bunion is a bony lump on the side of the foot at the base of the big toe (see figure 1). This may be an isolated problem, but it is often associated with other problems with the shape of the foot.

![Bunion on the left foot](image)

What causes a bunion?
The most common cause of bunions is footwear that does not have enough width to fit the toes in their natural position. High heels are particularly to blame as they squash the toes into the narrowest part of the front of the shoe.
Bunions are more common in women than men, and a tendency to get them can run in families. They are occasionally associated with arthritis of the joint at the base of the big toe but many people with bunions have no underlying joint problems.

What are the benefits of surgery?
Your big toe should be straighter, so your foot should fit more comfortably in a normal shoe.

Are there any alternatives to surgery?
Putting padding over the bunion or a spacer between your big toe and second toe can help to stop pain caused by the bunion rubbing.
Using extra-wide-fitting shoes from a good-quality shoe shop may be enough. If not, the surgical appliances department at the hospital will be able to give you advice about stretching shoes or ordering a custom-made pair to fit the shape of your feet comfortably. These shoes are not usually particularly fashionable, but they avoid all the risks of an operation and are almost always an effective treatment.
If these measures do not work, surgery may be an option.
What will happen if I decide not to have the operation?
Your surgeon can ask an orthotist to see you. They are experienced in treating foot problems with insoles and shoe modifications.
Bunions do not get better without surgery.
Most bunions will get worse with time.
Wearing sensible footwear will usually prevent them from getting rapidly worse.
The skin over the bunion can become inflamed where it rubs on the inside of your shoe. Occasionally the skin can get infected and cause an ulcer.
Aching in the foot is common but this is due to other related problems with how the foot works rather than the bunion itself.

What does the operation involve?
A variety of anaesthetic techniques are possible. Your anaesthetist will discuss the options with you and will recommend the best form of anaesthesia for you. The operation usually takes between half an hour and an hour.
There is a wide range of different operations for bunions, depending on the size of your bunion, other problems with how your foot works and any arthritis. Your surgeon will discuss with you which of the following procedures your operation is likely to involve.
• Removing the bunion.
• Releasing the tight ligaments and tightening stretched ligaments.
• Cutting and realigning the bones of your big toe.
• Stiffening a joint.
• Straightening one or more of your smaller toes.
Your surgeon may fix the toes in place with wires or tiny screws.
At the end of the operation, they will close the skin with stitches and put a bandage or plaster cast on your foot.

What should I do about my medication?
You should continue your normal medication unless you are told otherwise.
Let your surgeon know if you are on warfarin or clopidogrel. Follow your surgeon’s advice about stopping this medication before the operation.
Anti-inflammatory painkillers may stop the bones healing properly, so it is better not to take these if possible.

What can I do to help make the operation a success?

• Lifestyle changes
If you smoke, try to stop smoking now.
Stopping smoking several weeks or more before an operation may reduce your chances of getting complications and will improve your long-term health.
Nicotine is known to stop bones from healing.
For help and advice on stopping smoking, go to www.gosmokefree.co.uk.
You have a higher chance of developing complications if you are overweight.
For advice on maintaining a healthy weight, go to www.eatwell.gov.uk.

• Exercise
Regular exercise can reduce the risk of heart disease and other medical conditions, improve how your lungs work, boost your immune system, help you to control your weight and improve your mood.
Exercise should help to prepare you for the operation, help with your recovery and improve your long-term health.
For information on how exercise can help you, go to www.eidoactive.co.uk.
Before you start exercising, you should ask a member of the healthcare team or your GP for advice.
What complications can happen?
The healthcare team will try to make your operation as safe as possible. However, complications can happen. Some of these can be serious and can even cause death. You should ask your doctor if there is anything you do not understand. Any numbers which relate to risk are from studies of people who have had this operation. Your doctor may be able to tell you if the risk of a complication is higher or lower for you. The complications fall into three categories.

1 Complications of anaesthesia
2 General complications of any operation
3 Specific complications of this operation

1 Complications of anaesthesia
Your anaesthetist will be able to discuss with you the possible complications of having an anaesthetic.

2 General complications of any operation
• Pain, which happens with every operation. You may have local anaesthetic injected into your foot during the operation to help relieve any pain you may feel after the operation. The healthcare team will also give you painkillers if you need them.
• Bleeding during or after surgery. You will normally have a tourniquet (a tight strap) around your leg during the operation, so there is normally little bleeding.
• Infection in the surgical wound (risk: 1 in 50). This usually settles with antibiotics but occasionally needs another operation. Infection can damage a ligament repair and result in the big toe becoming deformed again.
• Unsightly scarring of the skin, although bunion-surgery wounds usually heal to a neat scar.

3 Specific complications of this operation
• Blood clots in the legs (deep-vein thrombosis) (risk: 1 in 100), which can occasionally move through the bloodstream to the lungs (pulmonary embolus), making it difficult for you to breathe (risk: 1 in 1,000). You may be given treatment to reduce the risk of blood clots.
• Difficulty passing urine. You may need a catheter (tube) in your bladder for a day or two.

• Damage to nerves around the big-toe joint. This may result in a small patch of numb skin, or a tender swelling on the nerve called a neuroma.
• Problems with bone healing, which can happen if the operation includes cutting the bone to realign the toe (an osteotomy). The bone has to heal in the same way as a fracture. Occasionally the position of the bone can slip before it heals or healing can take longer than the usual six weeks. These problems may need further surgery to correct (risk: 1 in 50).
• Loss of movement in the big toe, caused by arthritis or scarring from the surgery. This often improves with time, but there may be some permanent stiffness.
• Severe pain, stiffness and loss of use of the foot (Complex Regional Pain Syndrome). This is rare and the cause is not known. If this happens, you may need further treatment including painkillers and physiotherapy. It can take months or years to get better.
• Pain in the ball of the foot when standing or walking (metatarsalgia). This can happen if your foot does not take weight evenly. You may need an insole in your shoe.
• Recurrent deformity (risk: 1 in 10). This can happen if the big toe gets out of balance again, or you have arthritis that causes more damage to your joints. The risk is higher if you are young or have very mobile joints. You may need more surgery in the future.
How soon will I recover?

• In hospital

After the operation you will be transferred to the recovery area and then to the ward. You will have a plaster cast or thick padded bandage on your foot. You should keep your foot raised up to reduce swelling.

A member of the healthcare team will check the blood circulation in your foot and monitor any bleeding or swelling. Your surgeon will tell you how much weight you can put on your foot. Your physiotherapist will help you to walk safely. You may need crutches or a walking frame.

You should be able to go home the same day or the day after. However, your doctor may recommend that you stay a little longer.

If you are worried about anything, in hospital or at home, ask a member of the healthcare team. They should be able to reassure you or identify and treat any complications.

• Returning to normal activities

For the first week, you will need to spend most of the time with your leg raised up so that the swelling settles. After that, you can usually start to be a little more active. You may need to have your dressings changed to check the skin is healing and to remove any stitches. If you have wires in your toes, your surgeon will usually remove them in the clinic after a few weeks. You may need to have x-rays to check the bones have healed.

It can take six weeks or longer before the swelling has gone down enough for you to wear a normal soft shoe.

Once the bones have healed, you can massage any scars with moisturising cream and gently move your toes to make them more supple.

Your surgeon, physiotherapist and occupational therapist will tell you when you can return to normal activities.

Regular exercise should help you to return to normal activities as soon as possible. Before you start exercising, you should ask a member of the healthcare team or your GP for advice.

Do not drive until you are confident about controlling your vehicle and always check with your doctor and insurance company first.

• The future

The swelling often takes up to six months to go down completely. You should wear comfortable shoes that have enough space for your toes. Wearing shoes with high heels or pointed toes may cause more toe problems in the future.

Summary

If you have a bunion that is causing pressure and pain, surgery should straighten your big toe and make your foot fit more comfortably into a normal shoe. Surgery is usually safe and effective. However, complications can happen. You need to know about them to help you make an informed decision about surgery. Knowing about them will also help to detect and treat any problems early.

Further information

• NHS smoking helpline on 0800 169 0169 and at www.gosmokefree.co.uk
• www.eatwell.gov.uk – for advice on maintaining a healthy weight
• www.eidoactive.co.uk – for information on how exercise can help you
• www.aboutmyhealth.org - for support and information you can trust
• American Academy of Orthopaedic Surgeons at www.aaos.org
• www.thefootandankleclinic.com
• British Orthopaedic Foot and Ankle Society at www.bofas.org.uk
• Reflex Sympathetic Dystrophy and Complex Regional Pain Syndrome UK at www.rsd-crps.co.uk
• NHS Direct on 0845 46 47 (0845 606 46 47 - textphone)
• www.eidohealhcare.com
Acknowledgements
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Local information
You can get information locally from the Patient Advice and Liaison Service (PALS) on 02380 798 498 or email PALS@suht.swest.nhs.uk.
You can also contact:

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