



FAQ

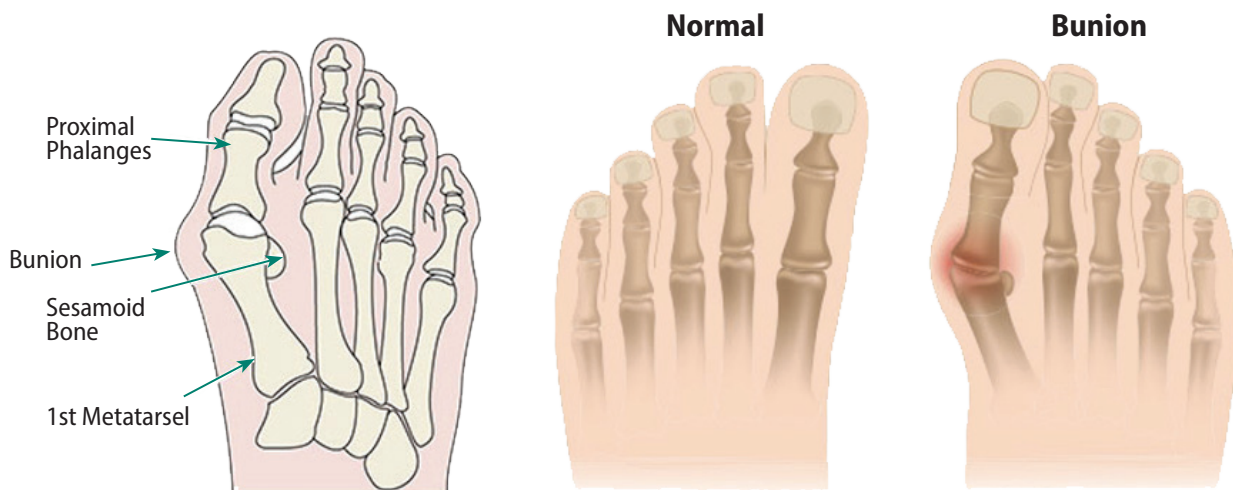
Bunions



What is a bunion?

A bunion occurs when your foot changes in alignment and your big toe moves toward the smaller toes. A bump, or “bunion,” forms on the inside of the foot. Pain can occur from the pressure of the bump against the toe and if the big toe rubs against the second toe. Sometimes pain can occur in the ball of the foot as a result of poor alignment.

Bunion surgery is performed when patients have pain and difficulty with shoe wear despite the use of wider, more comfortable shoes, to the point of it affecting their daily life. We do not perform bunion surgery solely for cosmetic purposes.



How are bunions treated without surgery?

- Shoe modification - wide toe box shoes
- Padding / toe spacers
- Anti-inflammatories



What is bunion surgery?

There are multiple ways to fix a bunion. All the techniques aim to realign the foot to straighten the big toe and reduce the bump on the side of the foot. Two techniques for bunion correction are typically preferred:

Distal correction: This is a minimally invasive procedure that uses small incisions to cut and realign the bones to make the toe straight. The bones are held in their new positions with screws. This technique is less painful and has a faster recovery than the traditional open procedure. There is also a smaller risk for wound problems as the incisions are tiny.



Proximal correction: This is also called the **Lapidus** procedure. This is performed through a bigger incision over the midfoot and fuses the first tarsometatarsal joint (TMTJ). An additional minimally invasive cut at the great toe is used to complete the correction. The bones are held in place with plates and screws.

This procedure is performed if the bunion is severe or if there is instability of the first TMTJ that can be detected on x-ray or exam. As this procedure fuses a joint, the recovery time is longer.



What is the recovery time for a bunion correction?

Distal Correction: If you are able to have a distal correction, you will be able to bear full weight through your foot immediately after surgery. You will be given a special shoe to wear at all times for four to six weeks. Please limit your activity for the first two to four weeks as you will need to keep her foot elevated about 80% of the time to decrease swelling and allow the wounds to heal. After the first two weeks, you can gradually increase your walking. We may recommend that you continue to put a toe spacer in your first webspace to maintain surgical correction over the first two to four weeks. After six weeks you can typically fit in a normal sneaker, depending on your level of swelling and comfort.

Proximal Correction (Lapidus): If you are a candidate for the more formal bunion correction, you will be able to bear full weight on your foot immediately after surgery. You will be given a special shoe to wear at all times for four to six weeks. You are typically in a sneaker about eight to ten weeks after surgery and can increase your activity as tolerated from there.

Is physical therapy necessary after surgery?

Therapy is not always necessary with the minimally invasive surgery. You will be given a home exercise program to work on early after surgery.

Physical therapy is often necessary after the Lapidus surgery to regain motion of the toe, break up scar tissue, and decrease swelling. It is normal to have some weakness in your foot/ankle after this surgery. A physical therapist will help you regain strength and balance. This is typically started six weeks after the procedure and is continued until your goals are met. When you come to your first post-op visit you will get a prescription for physical therapy.

What are the risks of surgery?

All surgery has some inherent risks. While relatively rare in bunion surgery, we feel it is important to inform our patients of possible complications.

Bone healing: This is more common after the Lapidus procedure-occurs about 3% of the time. If the bones do not heal (nonunion), we may have to perform the surgery again. Smoking, excessive activity and weight-bearing early on after surgery, and diabetes increase the risk.

Over correction or under correction: While rare, these complications can occur and may require additional surgery. Over time bunions can recur her as well.

Infection: Rare (less than 1%), if this occurs you will need antibiotics and perhaps further surgery.

Blood clots: Rare (1%). Please inform us if you have a personal or family history of blood clots.

Numbness: Patient should expect some mild numbness around the incisions that typically goes away after a few weeks. Occasionally some numbness may persist. This should not affect your activity, cause any discomfort or cause shoe wear issues.

Hypertrophic bone: Sometimes your bone is making such an effort to heal the surgery that your body over produces bone. This may require another surgery to shave down the excessive bone to make shoe wear more comfortable.

Recurrence: Rare early on however, depending on your age, risk over a lifetime can be as high as 20%.

Continued pain: Surgery is not 100% guaranteed to resolve all your pain. We will continue to evaluate and monitor you throughout the postoperative period. It is important to remember that bunion surgery is not exact as each foot is slightly different. Our goal, as is yours, is to get back to all your preoperative activity pain-free.



Does the metal hardware come out eventually?

The metal can remain in your foot forever without causing any harm. We only take the hardware out if it bothers you or there is a strong personal preference. Hardware removal requires a minor procedure in the operating room once the bone is fully healed. This is often 6-12 months after the original procedure. Hardware is taken out approximately 5% of the time.

Do I have to stay overnight?

No. These surgeries are outpatient. You typically come in about two hours before your procedure and stay about one to two hours after the procedure. Please leave the whole day open.

What type of anesthesia is used?

Most of our procedures are done with a nerve block. If you are having a minimally invasive procedure, this will typically be done with a foot block after you are asleep in the operating room. This lasts about four hours after the procedure. If you are having a Lapidus procedure, you will have a regional anesthesia procedure performed by the anesthesia team. This will numb your leg from the knee down. This block typically lasts 18-24 hours but rarely can last as long as 3 days.

You will meet your anesthesiologists on the day of surgery to discuss anesthesia options as well as risks of anesthesia.

What medications are prescribed for after the procedure?

Medications will be reviewed in detail at the preoperative appointment. You will receive a short course of opioids. We recommend that you transition over to Tylenol and anti-inflammatories within a week after surgery.

What can I use to make my life easier after surgery and can I buy it ahead of time?

Recovering after surgery is hard. There are multiple things we can recommend to help make it slightly better:

Knee scooter: This is often helpful, but is not typically needed after the minimally invasive procedure. Please be aware that not all insurances pay for this. We can check during your preoperative appointment. You can purchase this through Amazon.com but you may want to check with family and friends to see if they have one to borrow.

"Even-up": If you were given a Cam boot or a shoe with a large heel you may feel uneven on the opposite leg. You can purchase an even-up online to use on the opposite foot over the shoe.

Shower bag/cast bag: For any procedure you will need to keep your foot dry for the first few weeks postoperatively. You can do this by putting a cover over your dressing or splint / cast. You can purchase this at any pharmacy or online.

Shower chair: If you do not have a bench in your shower/bath you may purchase or rent a shower chair. We can also check with your insurance at the preoperative appointment.

Wedge pillow: It is highly recommended you use this about 80% of the time during the first few weeks after surgery.

Walker/crutches: These will be provided after preoperative appointment.

Should I ice after surgery?

Yes. You will not feel the ice through the dressing or the splint so in the initial post-op period try icing behind the ankle or behind the knee. When you return for the first post-op appointment, we will remove the dressing and you will be able to ice. Icing four to five times a day for about 20 minutes at a time is recommended.



Can I adjust my dressings/splint?

No. Please keep your dressing/splint on and do not adjust. Keep it clean and do not allow it to get wet. Be careful to make sure the shower bag fits appropriately to decrease the risk of damaging the dressing.

If you are concerned that the splint may be too tight or causing pain, please call to let us know.

If the dressing looks like it is loose, this is a strong sign that you are too active and you need to slow down! If it comes off, you **MUST** come in for a dressing change.

How much do I need to elevate?

Elevation in the first few weeks is extremely important. Reducing swelling helps pain control and making sure incisions heal well. We recommend elevating 80% of the time during the first two weeks. Placing your leg on two to three pillows should be sufficient, but the higher the better. You may also be given a wedge pillow to help elevate.

What is considered normal after the procedure?

Swelling, pain and bruising are all normal after surgery. You may notice swelling and bruising travel into the toes, even on toes that were not operated on. The swelling will go up and down depending on how much you elevate. You may have good days and bad days. Try to limit your activity. The bruising may also change location or color, this is normal. A small amount of drainage is also normal after surgery. If your dressings have soaked through or do not stop draining, please call the office.

I put weight onto my foot by accident. Did I hurt the surgery?

Accidents happen. If you are told not to put weight onto your foot, please refrain from doing so. If you accidentally put weight on your foot, you may have increased pain and swelling. If this does not go away after a day or two please call the office.

How do I know where to go and what time to show up for my surgery?

Someone from the hospital or surgery center will call you the day before surgery with all of this information. They will tell you where to go, what time to be there, what to bring, what not to bring and what time you will have to stop eating/ drinking.

Please wear sweatpants or shorts to surgery as it will be easier to place over your dressing.

