

DR JEFF LING MBBS BSc (Med) FRACS (Orth)
Adult and Paediatric Orthopaedic Surgeon
Specialising in the Foot and Ankle

Bunion Correction (Hallux Valgus)

INTRODUCTION

A bunion (or hallux valgus) refers to an increase in the angulation of the joint at the base of the big toe (1st metatarsophalangeal joint). The cause of bunions is not fully understood, but there are a number of risks 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.

THE PROCEDURE

There are a number of different methods to correct bunions.

Dr Ling uses the most reliable and reproducible technique known, 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:

1. General anaesthetic, Local anaesthetic ankle block, Intravenous antibiotics
2. Small incision on top of foot between big and second toes to release big toe joint
3. incision along inside of big toe
4. realignment of 1st metatarsal bone (called a Scarf osteotomy) fixed in place with 2 screws
5. realignment of bone at the base of big toe (called an Akin osteotomy) fixed with staple
6. check x-rays
7. closure of wound with stitches

RISKS & COMPLICATIONS

Every surgical procedure carries some risk. These risks are largely uncommon and many are rare.

They include:

Anaesthetic complications

Wound infection

Small sensory nerve injury

Ongoing pain and stiffness

Recurrence of deformity

POST OPERATIVE PROTOCOL

Patients will stay 1 to 2 nights in hospital for observation and physiotherapy assessment

Keep dressings dry and intact until the first post-operative appointment.

Keep foot elevated as much as possible, especially for initial 72 hours.

Removal sutures around 2 weeks

Pain killers may be required for up to 2 weeks

Protected weight bearing in a post operative shoe for 6 weeks

Transition into a roomy shoe from six weeks onwards

Transition into business shoes from about 12 to 16 weeks onwards

Return to most activities including low impact exercise by 8 –12 weeks

Fully recovery 6 months

PROBLEMS AND CONCERNS

If you have any queries or concerns, contact Dr. Ling's rooms on 9650 4782 between business hours. After hours or on weekends, if your matter is urgent, please present to the Emergency Department at Prince of Wales Hospital if you are an adult, or Sydney Children's Hospital if the patient is your child, and you will be seen by the Orthopaedic Registrar on call, who will contact Dr Ling directly