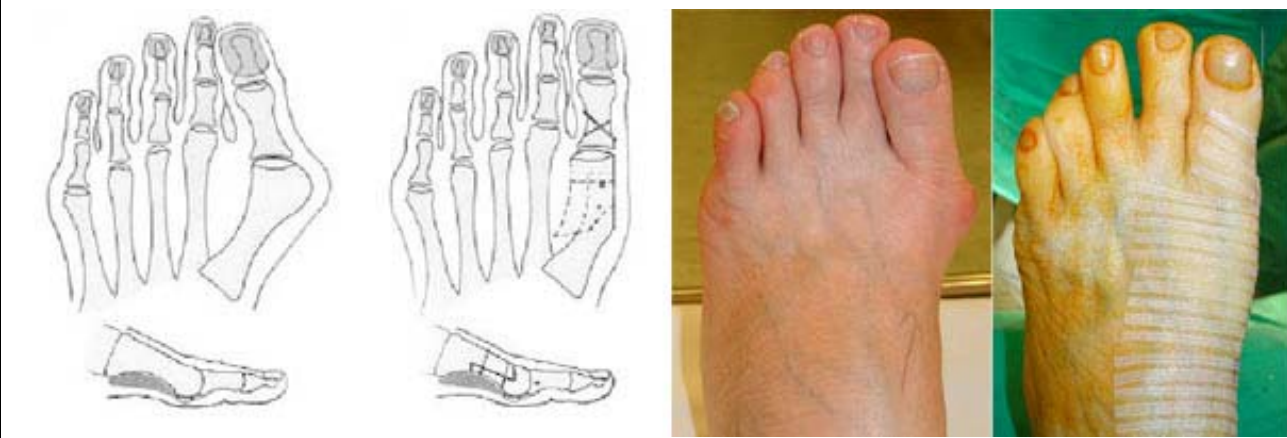


PATIENT INFORMATION SHEET

<b>17</b>	<b>TOPIC</b>	<b>HALLUX VALGUS (BUNION)</b>	
<b>PROCEDURE</b>		<b>SCARF &amp; AKIN OSTEOTOMY</b>	
			
<b>AIMS OF SURGERY</b>		To reduce pain and deformity To improve the big toe alignment [make straighter] To reduce callus / corn formation	
<b>ADVANTAGES OF THIS OPERATION</b>		<input type="checkbox"/> Localised procedure which does not involve other joints <input type="checkbox"/> Reduced the misalignment which is the cause of the deformity	
<b>SPECIFIC RISKS OF THIS OPERATION</b>		<input type="checkbox"/> Joint stiffness <input type="checkbox"/> Over-correction (Hallux Varus) <input type="checkbox"/> Shortening of Big Toe	<input type="checkbox"/> Non-union of bone (bone does not knit together) <input type="checkbox"/> Fixation problems (with the screws/pins) <input type="checkbox"/> 2nd toe / MTP joint prominence/overload
<b>OVERVIEW</b>			
<b>Operation time</b>		Usually between 45 to 60 minutes	
<b>Incision placement</b>		Usually on top of the toe	
<b>Stitches</b>		We try to use absorbable stitches (where possible)	
<b>Fixation</b>		Internal fixation (bone screws or pins) are usually used You will not normally notice these and they do not usually need to be removed	
<b>Will I have plaster?</b>		This not normally necessary. If your particular operation requires a plaster we will let you know in advance	
<b>Is this a Day Procedure?</b>		Yes, you can usually go home the same day (you will usually be admitted for half a day)	
<b>Estimated time off work</b>		Non-manual work approximately 4-6 weeks Manual work 6-8 weeks	
<b>INDICATIONS FOR THE PROCEDURE</b>		Hammer toe deformity of big toe Arthritis of the big toe joint Pain from prominent joint Difficulty with shoe fit despite wearing sensible footwear	
<b>ALTERNATIVE TREATMENTS</b>		Manage your symptoms by altering activity levels, using painkillers, changing footwear/ extra-width or special footwear possibly with a cushion-pad or in-shoe foot support. (The use of insoles/orthoses or toe splints has not been shown to correct toe deformity)	
<b>GENERAL RISKS OF SURGERY</b>		The anaesthetic options and general risks of foot surgery are outlined in the Generic Pre-operative Information Booklet for Patients with which you will have already been provided <b>YOU SHOULD READ THIS LEAFLET IN CONJUNCTION WITH THE GENERIC PRE-OPERATIVE INFORMATION BOOKLET FOR PATIENTS (Numbered 1)</b>	
<b>MORE INFO BY:</b>		1. Speaking with your consultant or one of the clinical team 2. Reading the information provided 3. Looking at our Department's NHS Choices information or the Faculty of Surgery website 4. See our Podiatric Surgery public facing website pages on <a href="http://www.herefordshire.nhs.uk/">http://www.herefordshire.nhs.uk/</a>	

# Surgery to Reduce Hallux Valgus by Scarf & Akin Osteotomy

## Answers to Common Questions

### The Operation

The operation is usually performed under a local anaesthetic, around the metatarsal or the ankle and most patients find this to be more comfortable than a dental injection.

The operation takes about an hour, although you will be in the Day Surgery unit for longer. You must have a competent adult at home for the first day and night after surgery. This allows us to be sure you will be safe for the first night.

### First 2-4 days

- This is the worse time for pain but you will be given painkillers to help. You must rest completely for 2-4 days.
- You will be able to stand and take weight carefully (using crutches) after the operation, but you must rest, with your feet up, as much as possible.
- You should restrict your walking to going to the bathroom and when getting about use your crutches in the way you will have been shown.
- You can get about a little more after 3 days.

### 3 – 5 days after surgery

- You will need to attend for your foot to be checked and re-dressed.
- You may start to do a little more within pain limits. Pain means you are doing too much.

### Two weeks after surgery

- You must attend again. Sutures will be removed unless there are any on the sole of the foot (these are taken out after 3 weeks).
- You will not need a bandage, probably will no longer need the crutches and can get the foot wet providing the wound has healed satisfactorily.

### Between 2-6 weeks after surgery

- The foot starts to return to normal and you can return to shoes (6-8 weeks).
- The foot will still be quite swollen especially at the end of the day.
- You may require a review appointment at 4-6 weeks
- You may return to work but may need longer if you have an active job
- You may return to driving if you can perform an emergency stop. You must check with your insurance company before driving again.
- Whilst normal activity will be resumed, sport should be avoided.

### Between 8-12 weeks after surgery

- The foot should continue to improve and begin to feel normal again.
- There will be less swelling.
- Sport can be considered after 3 months depending on your recovery.

### Six months after surgery

- You will have a final review between 3- 6 months following surgery.
- The swelling should now be slight and you should be getting the full benefit of surgery.

### Twelve months after surgery

- The foot has stopped improving with all healing complete.

Please note: if a complication arises, recovery may be delayed.