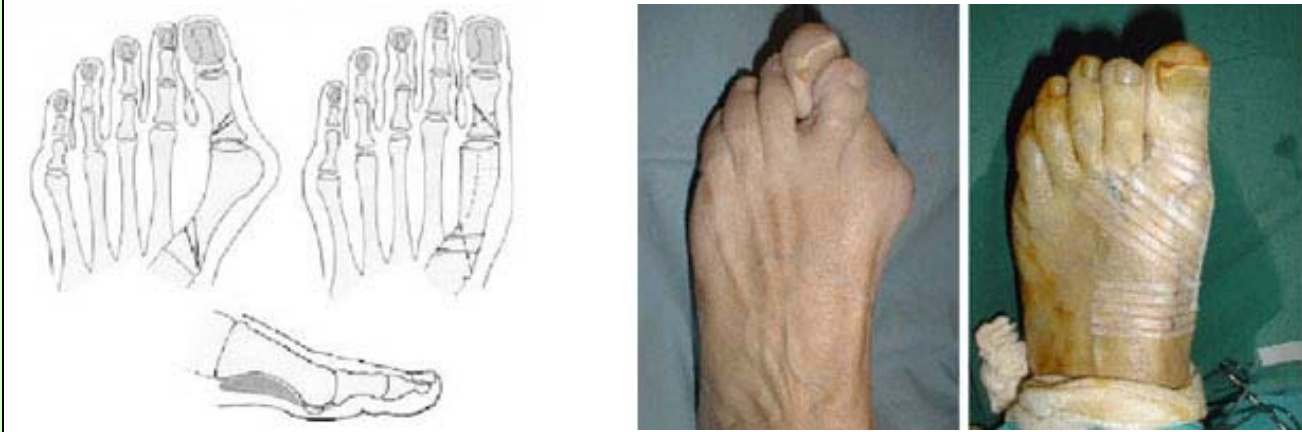


PATIENT INFORMATION SHEET

|  |  |   |   |
|--|--|---|---|
| <b>19</b>  | <b>TOPIC</b>   | <b>HALLUX VALGUS (BUNION)</b>   |   |
| <b>PROCEDURE</b>   |  | <b>1<sup>st</sup> METATARSAL &amp; PROXIMAL PHALANX BASE CLOSING WEDGE OSTEOTOMY</b>  |   |
|  |  |   |   |
| <b>AIMS OF SURGERY</b>   |  | To reduce pain and deformity<br>To improve the big toe alignment [make straighter]<br>To reduce callus / corn formation   |   |
| <b>ADVANTAGES OF THIS OPERATION</b>  |  | <input type="checkbox"/> Localised procedure which does not involve other joints<br><input type="checkbox"/> Reduces the misalignment which is the cause of the deformity<br><input type="checkbox"/> Can correct a large intermetatarsal angle (space between 1 <sup>st</sup> & 2 <sup>nd</sup> metatarsals) |   |
| <b>SPECIFIC RISKS OF THIS OPERATION</b>  |  | <input type="checkbox"/> Joint stiffness<br><input type="checkbox"/> Over-correction (Hallux Varus)   | <input type="checkbox"/> Non-union of bone (bone does not knit together)<br><input type="checkbox"/> Fixation problems (with the screws/pins) |
| <b>OVERVIEW</b>  |  |   |   |
| <b>Operation time</b>  | Usually between 45 to 75 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<br>You will not normally notice these and they do not usually need to be removed  |   |   |
| <b>Will I have plaster?</b>  | This will be necessary. Usually for about 4- 6 weeks. The team 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 6 - 8 weeks<br>Manual work 10 - 12 weeks   |   |   |
| <b>INDICATIONS FOR THE PROCEDURE</b>   | Severe Hallux Valgus with a large 1 <sup>st</sup> intermetatarsal angle<br>Pain from prominent joint and/or toes jamming<br>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 an in-shoe foot support.<br>(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<br><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<br>2. Reading the information provided<br>3. Looking at our Department's NHS Choices information or the Faculty of Surgery website<br>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**

### **1<sup>st</sup> Metatarsal & Proximal Phalangeal Base Closing Wedge Osteotomy**

#### **Answers to Common Questions**

##### **The Operation**

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

The operation takes 45 to 75 minutes, 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. Your operated leg will be non weight-bearing in a cast for approximately 4 - 6 weeks and then in a walking cast for approximately a further 2 weeks. It is therefore very important that you have people to look after you and any dependants such as children, elderly or disabled relatives during this time.

##### **First 2-4 days**

- This is the worse time for pain but you will be given painkillers and must rest completely.
- Your foot will be in a cast.
- You will be able to stand after the operation using the crutches, 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.

##### **One week after surgery**

- You will need to attend for your foot to be checked and, if necessary, redressed and re-casted.

##### **Two weeks after surgery**

- You must attend again. Sutures will be removed and a fresh cast applied.

##### **Between 4 - 6 weeks after surgery**

- The cast will be removed if all is proceeding well and you will be fitted with a removable boot that will allow you to start walking.

##### **Between 8-10 weeks after surgery**

- If all has gone well you will be able to start wearing a good lace-up shoe/trainer.
- The foot will still be swollen and twinges of discomfort are not uncommon at this time due to you increasing activity. Your leg will feel naturally weak to start with as it has been in a cast.
- You will be instructed regarding rehabilitation exercise or you may be referred to a physiotherapist.
- 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.

##### **Between 12-16 weeks after surgery**

- The foot should continue to improve and begin to feel normal again.
- There will be less swelling.
- Sport can be considered 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.**