

## Hallux valgus correction (Surgery for Bunion)

Hallux valgus (bunion) is a very common disorder. Severity of bunion can vary from mild to severe or very severe. It is much more prevalent in females than males.

Although the exact cause of bunion is not fully understood, contributing factors include choice of footwear, hereditary predisposition, inflammatory arthritis, etc.

### Symptoms

Most patients would have noted bunion for a long-standing duration. However, once the deformity gets a bit more severe, patients may notice pain/discomfort around the bunion. Difficulty with the choice of footwear is also a common occurrence. Some patients notice deformity of the 2<sup>nd</sup> toe or rarely of other lesser toes as well. Painful callosities are often noted due to the deformity and associated friction with the footwear. Some patients also notice altered gait pattern and occasionally pain on the outer border of the foot

### Clinical Management

Initial management (for milder cases) includes establishing the diagnosis and use of simple treatment measures like use of shoes with wide toe box, toe spacers, gentle stretching exercises, use of orthotics, etc.

If the symptoms remain persistent as would be expected in patients with moderate to severe bunion, or if lesser toe deformity is noted, surgical correction is generally recommended

### Surgical correction of bunion

Surgery for bunion is carried out generally whilst you are put to sleep (General Anaesthetic). Surgery involves removing the bony bump on the inner border of the foot and bony and soft tissue realignment. This often involves an osteotomy with internal fixation (breaking the bone/s to realign it and fix it with small screw flush to the bone).

If there is concomitant deformity of 2<sup>nd</sup> toe, it can be corrected at the same time.

In patients with bilateral hallux valgus deformity, in most cases it is best to correct one side at a time.

### Rehabilitation and Recovery

Surgery for bunion is carried out as a day case procedure in vast majority of patients. You therefore come to the hospital on the day of the surgery and hopefully go home few hours after the surgery.

You will have dressing and a bandage over the foot (Plaster cast is not used in majority of the patients). You will get a special orthopaedic shoe with a big heel, to wear for the first 6 weeks. This shoe can be removed for comfort, when you are not mobilizing. You may need crutches to aid mobilization for the first few weeks following the surgery.

Generally, at around 6 weeks mark, X-rays are performed during a follow up visit. If the X-rays are satisfactory, full mobilization can be commenced without the orthopaedic shoe. Driving can generally be commenced at this stage depending on your progress. Full recovery can be expected generally around 3 months mark.