

Hallux Valgus (Bunions)

Bunions are a common deformity in the community. They are thought to occur due to a muscle imbalance that is often inherited. Inappropriate footwear may exacerbate the condition, but this is not usually the underlying cause. Bunions worsen with advancing age and can eventually cause pain and deformity. The bunion may also result in damage to other parts of your feet. Pain is felt because of their size and abnormal biomechanics. The time to have treatment is when they cause significant pain or you have difficulty finding comfortable footwear.

OPERATIVE MANAGEMENT

More than 130 operations for bunions have been described over the past 100 years with varying levels of success.

Dr Zilko has utilised a range of techniques for bunion correction over the years, and currently the majority of operations are done using a **minimally invasive (keyhole)** surgery technique. This procedure involves making precise cuts to the 1st metatarsal and 1st proximal phalanx bones to correct the underlying deformity, and these are held in place with screws. Specialised tools and X-rays are used to perform this surgery through 5 small incisions on the inner aspect of the great toe, each about 3-4mm long. The metalwork usually does not need to be removed. Dr Zilko is one of the few surgeons in Perth who is trained in minimally invasive bunion correction surgery.

The keys to the success of this technique are that it restores foot biomechanics, allows early return of joint motion, and has low recurrence rates. Scarring, swelling and healing time are also significantly reduced with the minimally invasive technique.



A DR ZILKO MINIMALLY INVASIVE BUNION CORRECTION

Occasionally an open bunion correction is required for some patients. This involves the use of Scarf and Akin osteotomies to correct the underlying bony deformity.

POST-OPERATIVE

Day of Surgery: When you wake up in recovery your foot will feel numb from the anaesthetic block. This usually lasts for around 6-12 hours, and it is important that you take a full dose of the prescribed strong painkillers when you start to feel the anaesthetic wearing off, or before you go to bed. If you wait until the pain is bad, you usually end up taking more tablets than otherwise.

Your foot will be bandaged to assist with holding your big toe in the correct position, and you will have a post-operative stiff-soled shoe fitted in theatre. You are allowed to put full weight as tolerated through the foot, but you may need some crutches initially to assist with your balance. You'll usually go home on the same day as the surgery.

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POST-OPERATIVE

First 2 Weeks: It is important that the bandages and shoe remain in place and completely dry until your 2 week post-op review (this includes having the shoe on 24 hours a day). This is to minimise the risk of infection or damage to the surgery site.

Elevate your foot aggressively as much as possible to minimise swelling - the rule is "TOES ABOVE THE NOSE". If you dangle your leg or do too much on the foot, it will be more swollen and painful than otherwise, and the risk of wound complications is increased.

2 Week Post-Op Review: Dr Zilko along with his clinic nurse will remove your bandages to check the surgical incision. Any stitches will come out and you will be shown big toe joint mobilisation exercises along with scar massage technique.

Between 2 and 8 Weeks Post-Op: You will transition to a firm sneaker/sports shoe which must be straight over the inner aspect of the foot (ie the shoe should not taper and push the big toe over). You can get on an exercise bike from 4 weeks post-op and swim from 4-6 weeks post-op. Whenever resting you should still try to elevate the foot as much as possible.

8 Weeks Post-Op: You will have a follow-up X-ray and be reviewed by Dr Zilko to check the bone cuts are healing, and to ensure your rehabilitation is progressing well.

6 Months Post-Op: You will have a follow-up X-ray and be reviewed by Dr Zilko to check the bone cuts have healed and that you have recovered from surgery well.

As the biomechanics in your foot have been substantially changed, your body will go on making subtle adjustments over a 12-month period.

For more info, see:
<https://www.drsimonzilko.com.au/bunions.html>

These notes have been prepared by Dr Zilko. They are general overviews and information aimed for use by his specific patients and reflect his views, opinions and recommendations. This does not constitute medical advice. The contents are provided for information and education purposes only and not for the purpose of rendering medical advice. Please seek the advice of your specific surgeon or other health care provider with any questions regarding medical conditions and treatment.

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RECOVERY TIMES

| | |
|------------------|-------------|
| Hospital Stay | Day case |
| Rest & Elevation | 2 weeks |
| Crutches | 1-2 weeks |
| Swelling | 3-6 months |
| Full recovery | 3-12 months |

SHOES

| | |
|-----------------------|-----------------|
| Surgical Post-op Shoe | First 2-3 weeks |
| Wide & Supportive | 2-12 weeks |
| Normal | 12 weeks |
| Fashionable | Up to 6 months |

TIME OFF WORK

| | |
|-------------------------------|------------|
| Seated | 2-3 weeks |
| Standing | 6-8 weeks |
| Lifting/Carrying/Heavy Manual | 8-12 weeks |

COMPLICATIONS

There is no such thing as risk-free surgery. The risks and complications will be assessed and discussed with you. There is always a small risk of infection, blood clots and anaesthetic problems with lower limb surgery and measures are taken to reduce these. In bunion surgery there is also a 10% chance of recurrence of the deformity, overcorrection or stiffness of the big toe, or problems with bone fixation. Very rarely, the toe can become numb or hypersensitive for a prolonged period. Conversely, a successful outcome is achieved in more than 90% of patients.

This brochure is a brief overview of the surgical management of bunions and is not designed to be all-inclusive. If you have any further questions, please do not hesitate to contact Dr Zilko.