

# 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

The operative treatment for bunion correction that is utilised by Dr Zilko involves Scarf and Akin osteotomies. More than 130 operations for bunions have been described over the past 100 years with varying levels of success. Most have failed due to high recurrence rates, excessive joint stiffness, or by transferring problems to other parts of the foot. The Scarf / Akin procedure solves many of these problems. The procedure has been popularised by Dr Louis Barouk (French orthopaedic foot & ankle surgeon) and it is the most common style of bunion operation performed in Australia and Europe. The keys to its success are that it restores foot biomechanics, allows early return of joint motion, and has low recurrence rates.

The procedure has 5 components performed through single incision. Initially, one of the tight ligaments and the tight muscle on the opposite side of the bunion is released. The bunion is then shaved. The 1st metatarsal bone is cut and adjusted to narrow the foot and realign the joint. This is called a Scarf osteotomy, and 2 small screws are placed in the bone to provide solid fixation. After this a wedge of bone is removed from the proximal phalanx bone to straighten the big toe.

**BEFORE**



**AFTER**



This is the Akin osteotomy, and a small staple or screw is used to hold the bone in place. The joint capsule is finally tightened where the bunion has stretched it and the skin is closed with absorbable sutures. The metalwork usually does not need to be removed.

## POST-OPERATIVE RECOVERY

**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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**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. The stitches will come out and you will be shown big toe joint mobilisation exercises along with scar massage technique.

**Between 2 and 6 Weeks Post-Op:** You will continue with full weightbearing whilst wearing the post-op shoe. Whenever resting you should try to elevate the foot as much as possible.

**6 Weeks Post-Op:** You will transition into normal supportive shoes at this stage, usually a gym/training shoe with a wide deep toe box.

**3 Months 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.

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:

<http://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.*

## RECOVERY TIMES

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

## SHOES

Surgical Post-op Shoe	< 6 weeks
Wide	6-12 weeks
Normal	12 weeks
Fashionable	Up to 6 months

## TIME OFF WORK

Seated	3-4 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.



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