

Lapidus Fusion with Hallux Valgus Correction

INTRODUCTION

A bunion (or hallux valgus) refers to an increase in the angulation of the big toe joint (1st metatarsophalangeal joint). The cause of bunions is not fully understood, but there are a number of risk factors including family history, being female and certain types of shoes. Occasionally a severe bunion is associated with arthritis in the midfoot (1st TMT joint) or joint hypermobility. Surgery is an effective way to relieve the pain caused by bunions & arthritis in the majority of cases.

THE SURGERY

A Lapidus procedure involves a number of steps:

- General anaesthetic, IV antibiotics & tourniquet
- Incision on the inside aspect of the foot
- Removal of any remaining cartilage at the 1st midfoot (TMT) joint and correction of the deformity
- Bone graft harvest (calcaneum or distal tibia)
- Grafting & internal fixation with plates/screws
- Release of the tight lateral structures and repair of the loose medial structures at the big toe joint
- Re-alignment of the 1st proximal phalanx bone (Akin osteotomy), fixed with a screw or staple
- Closure of incisions with sutures
- Local anaesthetic block & surgical cambout

GUIDELINES FOR POST-OP RECOVERY

HOSPITAL ADMISSION

- Hospital for 1 night, IV antibiotics

FIRST 2 WEEKS

- Elevate foot and rest
- Strictly NON-WEIGHTBEARING in cast/boot
- Mobilise with knee scooter/crutches/frame
- Cast/boot and dressings to stay dry and intact
- Strong painkillers as required
- Aspirin 100mg, Vitamin D 5000 units and Vitamin C 1g per day
- Antibiotics for 5 days
- Wiggle toes to encourage circulation

2 WEEK POST-OP APPOINTMENT

- Review by nurse & removal of dressings and sutures
- Fitting of Bunion Sleeve splint

WEEKS 3-6

- Strictly NON-WEIGHTBEARING in boot
- Surgical boot on at ALL times, including in bed, except for physio/exercises & showers (seated with shower chair)
- Bunion Sleeve on during day, off at night
- Mobilise with knee scooter/crutches/frame
- Elevate foot when resting
- Daily scar massage from 3 weeks post-op
- Continue Aspirin, Vitamin D and Vitamin C
- Physiotherapy review (arrange first appointment for 2-5 days after the 2-week post-op check)
- **PHYSIOTHERAPY:**
 - General upper body, core, hip and knee exercises
 - Gentle active ankle plantarflexion/dorsiflexion and great toe MTP joint flexion/extension/abduction
 - NO midfoot stresses

6 WEEK POST-OP APPOINTMENT

- X-ray and review by Dr Zilko

WEEKS 7-12

- Surgical boot on at all times during the day except for physio/exercises & showers (with shower chair)
- Can sleep out of boot at night
- Elevate foot when resting
- Continue Aspirin, Vitamin D and Vitamin C
- **PHYSIOTHERAPY:**
 - Commence partial weightbearing in surgical boot with crutches/frame, and progress up to full weightbearing as tolerated
 - Passive and active ROM of ankle, subtalar and forefoot joints

12 WEEK POST-OP APPOINTMENT

- X-ray and review by Dr Zilko

FROM 12 WEEKS

- **PHYSIOTHERAPY:**
 - Transition out of boot into normal supportive shoes
 - Gait re-training
 - Continue lower limb strength and conditioning

Full recovery is usually 6-12 months.

Every patient's recovery is individual and depends on the severity of the injury/disease and complexity of the surgery.

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