

HALLUX VALGUS SURGERY: DISTAL METATARSAL OSEOTOMY

Postoperative Recovery Protocol

Type of Procedure: Outpatient
Length of Procedure: 1 hour
Anesthesia: Twilight (local anesthetic with intravenous sedation)

Hallux valgus and bunions: what is it?

The big toe of the foot is called the hallux. If the big toe starts to deviate inward in the direction of the baby toe the condition is called hallux valgus. As the big toe drifts over into valgus, a bump starts to develop on the inside of the big toe over the metatarsal bone. This bone prominence on the inner edge for the metatarsal is referred to as a bunion.

Bunions are commonly hereditary but may also be caused or aggravated by shoe wear. The condition is far more common in women than in men, and rarely occurs in individuals who do not wear shoes. Once a bunion is present the deformity of hallux valgus worsens slowly over time.

The treatment of a bunion depends entirely on how uncomfortable it is. Since the pain from a bunion is always aggravated by shoe wear, the symptoms will often depend on the type and size of shoes worn. The perception of pain or discomfort however is very varied, since there are some individuals who have a small bunion, but which is very uncomfortable, since this limits their ability to wear shoes comfortably. On the other hand, some individuals may have quite significant deformities which they find is an annoyance, but does not limit their activities in anyway.

Realistically, there are only two ways to treat a bunion; either change the size and shape of the shoe, or the size and shape of the foot. Due to the styles of shoes, it is obviously much easier to change the size and shape of the shoe in the male than the female.

Once a bunion gets to be irritating or painful, and shoe wear is uncomfortable, surgery may be recommended. There are many different surgical procedures that can be performed and the decision to perform one type of surgery or another is based upon the extent and magnitude of the bunion deformity, the presence of arthritis in the big toe joint, and the space between the first and second metatarsals, which is called the intermetatarsal angle.

The bunionectomy: general facts

This operation is designed to correct the big toe deformity, the bunion, as well as the deviated position of the 1st metatarsal. In order to correct the 1st metatarsal, a bone cut (an osteotomy) is made. The type of osteotomy which I use is called the chevron osteotomy. The bone cut is fixed with one screw. The screw typically stays in forever, unless you are able to feel it, when it can be removed if uncomfortable. An orthotic arch support is important for your recovery. The orthotic support will be made in our office following a computer analysis of the pressure of the foot. You should wear a stiff soled shoe for one to two months. As with all types of bunion surgery, you will be able to wear shoes more comfortably. This does not mean however that you will be able to wear narrow tight shoes. It will take about two months for the bone to heal before you can start to exercise, and another 4-6 months for all of the swelling in the foot to decrease.



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General recovery facts

- You can expect moderate pain for a few days
- You are allowed to walk on the foot the day after surgery
- Many patients are however not able to walk on the foot because of pain
- You may use crutches or a walker if you need support
- You may drive by about 4 days if it is your left foot, and 14 days if your right foot
- The foot needs to be bandaged for about 3-4 weeks
- You will not be able to get the foot wet while the foot is bandaged
- You can start exercising at about 4 weeks
- You will be able to wear a sneaker type shoe at about 4-6 weeks
- During recovery, do not walk at all without the surgical shoe
- The foot will remain puffy and swollen **for 4-6 months**

Specific Post-Operative Course:

Day 1-5

1. Foot wrapped in bulky bandage and surgical shoe
2. Ice, elevate, take pain medication
3. Expect numbness in foot 12-24 hours then moderate pain
4. Bloody drainage through bandage expected.
5. Do not change bandage,
6. Do not remove surgical shoe – even at night start walking on the heel and outside of foot may drive with caution in surgical shoe
7. If left foot, may be able to drive sooner

Day 7-10

1. First follow-up in the office, X-rays taken
2. Dressing changed- bunion bandaging done

4-6 weeks

1. Dressing/Strapping changed as needed
2. May start wearing sneaker type shoe
3. Physical therapy usually needed for 1-2 months.
4. Expect swelling in the foot for about 4-6 months.

