Bunionectomy

A bunionectomy is surgery to remove a bunion. A bunion is an enlargement of the joint at the base of the big toe. It is made up of bone and soft tissue on the inside part of the joint. Over time, a painful lump appears on the inside of the joint. The big toe begins to point inward toward the second toe. New bone growth can occur and a bone spur may form. The pain eventually causes difficulty walking. A bunion usually results from inflammation caused by the irritation of poorly fitting shoes. It often begins later in life.

A bunionectomy is performed when nonsurgical treatment no longer works. When surgery is needed, the extent of the procedure will depend on the degree of deformity of the foot. Your surgeon will discuss with you the different procedures and what will work best for you depending on your age and health.

BEFORE THE PROCEDURE

You should be present 1 hour prior to your procedure. Check in at the admissions desk for filling out necessary forms if not pre-registered. There may be consent forms or other paperwork to sign prior to the procedure. Ask if there is a waiting area for your family while you are having your surgery.

LET YOUR CAREGIVER KNOW ABOUT:

- Previous problems with anesthetics or medicines used to numb the skin.
- Allergies to dyes, iodine, foods, and/or latex.
- Medicines taken including herbs, eye drops, prescription medicines (especially medicines used to “thin the blood”), aspirin and other over-the-counter medicines, and steroids (by mouth or as a cream).
- History of bleeding or blood problems.
- Possibility of pregnancy, if this applies.
- History of blood clots in your legs and/or lungs .
- Previous surgery.
- Other important health problems.

RISKS AND COMPLICATIONS

- Infection.
- Pain.
- Nerve damage.
- Possibility that the bunion will recur.

PROCEDURE

Surgery is often done so that you can go home the same day (*outpatient*). It may be done in a hospital or in an outpatient surgical center. An anesthetic will be used to help you sleep during the procedure. Sometimes, a spinal anesthetic is used to make you numb below the waist. A cut (*incision*) is made over the swollen area at the first joint of the big toe. The enlarged lump will be removed. If there is a need to reposition the bones of the big toe, this may require more than 1 incision. The bone itself may need to be cut. Screws and wires may be used in the repair. These can be removed at a later date. In severe cases, the entire joint may need to be removed and a joint replacement inserted. When done, the incision is closed with stitches (*sutures*). Skin adhesive strips may be added for reinforcement. They help hold the incision closed.

AFTER THE PROCEDURE

Compression bandages (*dressings*) are then wrapped around the wound. This helps to keep the foot in alignment and reduce swelling. Your foot will be monitored for bleeding and swelling. You will need to stay for a few

hours in the recovery area before being discharged. This allows time for the anesthesia to wear off. You will be discharged home when you are awake, stable, and doing well.

HOME CARE INSTRUCTIONS

- You can expect to return to normal activities within 6 to 8 weeks after surgery. The foot is at increased risk for swelling for several months. When you can expect to bear weight on the operated foot will depend on the extent of your surgery. The milder the deformity, the less tissue is removed and the sooner the return to normal activity level. During the recovery period, a special shoe, boot, or cast may be worn to accommodate the surgical bandage and to help provide stability to the foot.
- Once you are home, an ice pack applied to the operative site may help with discomfort and keep swelling down. Stop using the ice if it causes discomfort.
- Keep your feet raised (*elevated*) when possible to lessen swelling.
- If you have an elastic bandage on your foot and you have numbness, tingling, or your foot becomes cold and blue, adjust the bandage to make it comfortable.
- Change dressings as directed.
- Keep the wound dry and clean. The wound may be washed gently with soap and water. Gently blot dry without rubbing. **Do not** take baths or use swimming pools or hot tubs for 10 days, or as instructed by your caregiver.
- Only take over-the-counter or prescription medicines for pain, discomfort, or fever as directed by your caregiver.
- You may continue a normal diet as directed.
- For activity, use crutches with no weight bearing or your orthopedic shoe as directed. Continue to use crutches or a cane as directed until you can stand without causing pain.

SEEK MEDICAL CARE IF:

- You have redness, swelling, bruising, or increasing pain in the wound.
- There is pus coming from the wound.
- You have drainage from a wound lasting longer than 1 day.
- You have an oral temperature above 102° F (38.9° C).
- You notice a bad smell coming from the wound or dressing.
- The wound breaks open after sutures have been removed.
- You develop dizzy episodes or fainting while standing.
- You have persistent nausea or vomiting.
- Your toes become cold.
- Pain is not relieved with medicines.

SEEK IMMEDIATE MEDICAL CARE IF:

- You develop a rash.
- You have difficulty breathing.
- You develop any reaction or side effects to medicines given.
- Your toes are numb or blue, or you have severe pain.

MAKE SURE YOU:

- Understand these instructions.
- Will watch your condition.
- Will get help right away if you are not doing well or get worse.

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