Bunion Care

A bunion is a boney protrusion at the base of your big toe (*metatarsal-phalangeal joint*). This problem, if painful or troublesome can be corrected with surgery. This is an elective surgery, so you can pick a convenient time for the procedure. The surgery may:

- Improve appearance *(cosmetic*).
- Relieve pain.
- Improve function.

Your foot is made up of a complex set of twenty-six bones which are held together by tough fibrous ligaments. The movement of the foot is controlled by muscles in the foot and leg. These muscles attach to the foot by cord like structures (*tendons*) that attach muscle to bone.

If surgery is recommended, your caregiver will explain your foot problem and how surgery can improve it. Your caregiver can answer questions you may have about the potential risks and complications involved. After determining that foot surgery is necessary to correct your problem, you can proceed with plans for the surgery.

BEFORE THE PROCEDURE

You should be present one hour prior to your procedure, unless otherwise directed by your caregiver. 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

Let your caregiver know about health changes prior to surgery.

THE PROCEDURE

BUNION TYPES AND THEIR TREATMENTS

- **Positional Bunion**. A positional bunion develops when a bony growth on the side of the metatarsal bone enlarges the joint. The metatarsal forces the joint capsule to stretch over it. As this growth pushes the big toe toward the others, the tendons on the inside tighten. This forces the big toe farther out of alignment. The bunion presses against the shoe, irritating the skin and causes further pain and disability.
  - *Positional Bunionectomy Treatment* . The bunion is removed. Tight tendons may be released.
  - *Follow-up Care*. Your toe is apt to be stiff at first but will loosen up as you move it. You may need to wear a special surgical shoe and, possibly, a splint for about three weeks.

- **Mild Structural Bunion.** Structural bunions occur when the angle between the first and second metatarsal bones increases to a point where it is greater than normal. The increased angle of the metatarsals makes the big toe slant toward the other toes. Sometimes bony growths may form. Irritation and swelling often follow.
  - *Structural Bunionectomy Treatment*. Your caregiver surgically repositions the bone by decreasing the

angle and may use a fixation device to hold it together. The bunion (bump) is also removed.

- **Degenerative Joint Disease (Arthritis).** When wear-and-tear arthritis *(osteoarthritis)* of aging affects the big toe joint, pain and reduced joint motion may result. This is not a true bunion but may be associated with bunions. Left untreated, it can increase wear and tear in the joint and break down the cartilage. Pain and stiffness are problems of both wear-and-tear arthritis and *rheumatoid arthritis.*

- **Arthroplasty With Joint Implantation As Treatment.** The bunion is first removed; then the degenerated joint is removed and replaced with an implant.

AFTER THE PROCEDURE

After surgery your bone will heal in phases. A *callous* (new bone formation) forms, bridging the damaged bone allowing it to heal. In about six months, the bone is back to normal strength along with a return of nearly normal function. It is best to do elective surgeries when your health is optimal.

After surgery, you will be taken to the recovery area where a nurse will watch and check your progress. Once you are awake, stable, and taking fluids well, barring other problems you will be allowed to go home.

HOME CARE INSTRUCTIONS

Be sure to ask your caregiver how long you will be off your feet and home from work. Plan accordingly. There are several types of bunions and varying surgical treatments for each. Common types are explained above. Your surgery may be similar and may include a fixation device (such as a small screw). Your foot and ankle may be immobilized by a cast (from your toes to below your knee). You may be asked not to bear weight on this foot for a few weeks or until comfortable.

Once home, an ice pack applied to your operative site may help with discomfort and keep the swelling down. You may be able to walk a day or two after surgery. Your podiatrist may prescribe a splint or a special shoe to be worn for several weeks. Only take over-the-counter or prescription medicines for pain, discomfort, or fever as directed by your caregiver.

SEEK MEDICAL CARE IF:

- There is increased bleeding (more than a small spot) from the surgical site.
- You notice redness, swelling, or increasing pain in the surgical site.
- Pus is coming from the site.
- An unexplained oral temperature above 102° F (38.9° C) develops, or as your caregiver suggests.
- You notice a foul smell coming from the surgical site or dressing.

SEEK IMMEDIATE MEDICAL CARE IF:

You develop a rash, have difficulty breathing, or have any allergic problems with medications.

Document Released: 04/07/2004 Document Re-Released: 01/09/2011
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