What are the possible complications?

- Infection
- Sensitive or painful scar
- Big toe permanent numbness
- Joint stiffness
- Under-correction or Over-correction
- Failure of bone healing (non-union)
- Recurrence of the deformity
- Avascular Necrosis of metatarsal head
- Clots in the leg (DVT)
- Clots in the lung (PE)
- Chronic Regional Pain Syndrome

Smoking, diabetes, rheumatoid arthritis or being on steroids or blood thinning medication increases possible risks significantly.

Your operation may be carried out by a Podiatrist

This operation is one of the operations that may be carried out by a podiatrist. Our Podiatrist has specialised in the care of foot problems for many years and has gained additional training to allow him to work as a member of the operating team. The podiatrist is fully capable of performing this procedure to the highest standards and you will receive the same care provided by a surgeon.

Useful phone numbers

- Royal Infirmary of Edinburgh 0131 536 1000
- St John’s Hospital 01506 523 000
- Waiting-List office 0131 242 3437

A slightly different technique to correct bunion is called “The Chevron Osteotomy” and involves the same details described here.

The described technique is for a standard case and can frequently be changed to suit individual cases. The anaesthetist may decide to use a different type of anesthesia depending on the individual need of patients.

The Edinburgh Foot & Ankle Unit

Edinburgh Royal Infirmary
51 Little France Crescent, Edinburgh
EH16 4SU

St John’s Hospital
Howden Road West, Livingston
EH54 6PP
What is Hallux Valgus (Bunion)?
Hallux Valgus, commonly referred to as “Bunion”, is a term used to describe a prominence at the base of the big toe accompanied by outward deviation of the big-toe towards the second toe. It is usually symptomatic due to rubbing of the swelling against shoes, pain in the joint at the base of the big toe and difficulty finding appropriate shoe-wear.

It can be accompanied by lesser-toe deformities and by pain in the ball of the foot. These may be treated separately or in conjunction.

Why do you need this operation?
Before being offered this operation, you should have tried other measures such as using wide-box shoe-wear, padding the swelling and maybe trying forefoot insoles.

This operation is offered to you if you continue to have symptoms despite trying the above measures and after you have been examined and counseled by a member of the foot and ankle team.

What does the operation involve?
The operation is done as a day case, but come prepared in case you need to stay overnight.

The operation is performed with general anaesthetic and nerve block (which means numbing the nerves of the foot).

The operation involves two incisions. One is in the first webspace to do a soft-tissue release of the structures that pull the toe to the deformed position. The second is a medial incision that is used to trim the bunion and to perform a break in the foot bone called “The Scarf osteotomy”. Another break in the toe itself called “The Akin osteotomy” is usually also performed.

These two breaks (or osteotomies) are used to set the toe straight. A medial soft-tissue tightening is also performed.

You see the physiotherapist after or before your operation and they give you crutches if needed as well as the off-loading shoe.

Your post-operative period
• You must keep your foot raised for the first two weeks and if needed afterwards
• You can put your full weight on your foot using the surgical shoe for the first 6 weeks
• Use crutches if needed
• Exercise big toe movements at two weeks
• The swelling may last for up to six months.

Your follow-up
• Nurse-led clinic at two weeks to reduce dressing and remove stitches
• Consultant clinic at six weeks for x-rays
• Off work for about six weeks depending on your job
• No driving for six - eight weeks.

The forefoot offloading shoe allows you to put weight on the heel but not on the forefoot.

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