

Bunion Correction Surgery

Hallux valgus (bunion) is a deformity involving the great toe. It is due to an abnormal deviation of the toe. This occurs due to a combination of genetic factors and footwear. As a result of this deviation, a normal part of the first metatarsal (the longest bone of the great toe), known as the medial eminence becomes prominent. The foot thus becomes wider. The bunion rubs against shoes, causing pain which then interferes with shoe wear. This can sometimes limit one's ability to walk, exercise and enjoy life. In severe deformities, the lesser toes may become high riding (hammer toe) as the great toe is pushed further across by tight shoes.

The non-operative management of a bunion consists mainly of footwear modification. Appropriate shoes can help manage the pain. These are shoes which have a wide toe box and soft uppers. A good pair of running shoes is an example. In certain situations, orthotics may be useful. For instance, having flat feet and a valgus (outward) alignment to the heel may worsen a bunion. In this situation, having an arch support with a build up for the inner heel may help. A podiatrist will be able to assist with this.

Surgery can be considered if footwear modification fails to improve the pain, fails to prevent progression of the deformity or is impractical.



Pre-operative x-ray



Post-operative x-ray

Surgery | Rehabilitation and recovery

There are many different ways to surgically correct a bunion. Generally speaking, these can be classified as soft tissue or bony procedures. Soft tissue surgery in isolation has been shown to be ineffective with unacceptably high recurrence rates. Osteotomy (breaking and realignment of the bones) in combination with a soft tissue procedure is considered to be the standard for bunion correction surgery. The metatarsal is broken and the fragments are translated and rotated, until the toe is straight. The bone is then held in the new position by screws. Often, there is still a deviation of the toe despite this. The tight soft tissues which cause the toe to deviate are then released. The proximal phalanx, which is the other bone on the opposite side of the joint to the metatarsal, may also need to be broken and realigned. This is also held in place with a screw. A portion of the medial eminence is then excised also. X-Rays are taken during the procedure to confirm the alignment and the position of the screws.

Dr Lau is experienced and trained in minimally invasive surgery. The majority of bunion corrections in his practice are currently treated in this manner. A series of stab incisions are used to perform the surgery under X-Ray guidance. This technique however, does have limitations and may not be suitable for all bunions. A more traditional technique is still utilized for more severe deformities.

The operation takes an hour and usually involves an overnight stay in hospital. It is performed under a general anaesthetic with a local anaesthetic block. The postoperative recovery involves wearing a special shoe which has a wide and open toe box as well as a stiff sole. This will be for 6 weeks. Ambulation begins straight away and crutches may need to be used, depending on comfort and balance, for up to 2 weeks after surgery. There is generally no driving for 4-6 weeks after surgery.