CQ HAND + UPPER LIMB
SPECIALIST ORTHOPAEDIC SURGEON

PATIENT INFORMATION

# Hallux valgus correction

## Why this operation has been suggested

Dr Kieran Hirpara, a foot and ankle surgeon at Mater Private Hospital Rockhampton, offers bunion correction when simpler measures have not settled your symptoms. Patients are generally referred to our clinic by their GP; if a physiotherapist has suggested you see us, you will still need a referral from your GP in order to be eligible for the Medicare rebate. At your appointment we take a history, examine your foot, and arrange weight-bearing X-rays to confirm the diagnosis.

A bunion is a bump at the base of your big toe, where the toe has drifted towards your other toes. Shoes with narrow toe boxes and high heels can contribute, and the problem runs in some families. It is more common in women than in men, and it usually worsens over time. The most common symptom is pain over the bump, made worse by shoes. Some people also feel pain under the ball of the foot, or develop problems in their lesser toes.

We usually try non-operative care first: wider shoes, toe spacers, and night splints. These can ease symptoms but cannot straighten the toe. When they have not given enough improvement, surgery is considered. The operation cuts and realigns the bones of your big toe to correct the deformity. Its main aim is to relieve pain and make shoes and walking more comfortable.

## Before the operation

Once surgery is booked, we plan it around X-rays of your foot taken while you stand. These show how far the toe has drifted and help us choose the right operation for your foot. Some patients also need an MRI or ultrasound scan; we will tell you if that applies to you.

In the days before surgery, keep taking your usual medicines unless we tell you otherwise. You will need to stop eating and drinking seven hours beforehand. We ask for seven hours rather than six so you can be brought forward if the theatre list runs early. Arrange for someone to drive you home afterwards, as you will not be able to drive yourself. Wear loose, comfortable clothing on the day, and bring a list of your current medicines. If you have other medical conditions, you may need blood tests or a review with the anaesthetist before the operation.

**CQ HAND + UPPER LIMB**
Dr Kieran Hirpara — Specialist Orthopaedic Surgeon
Suite 2, Level 1, Mater Private Hospital Rockhampton, 31 Ward Street, The Range, QLD 4700
Phone 07 4863 6556 · office@cqupperlimb.com.au · cqupperlimb.com.au

## On the day

You will arrive at the hospital's surgical admissions unit, where you are checked in and prepared for theatre. You will meet the anaesthetist there. This operation is done under general anaesthetic. A regional nerve block is sometimes added for post-operative pain relief; the anaesthetist will discuss this with you on the day.

You are then taken into the operating theatre, where the operation is performed. Afterwards you wake up in the recovery area, where nurses monitor you while the anaesthetic wears off. Once you are stable, you either go to the ward or go home, depending on the procedure and your recovery.

## What the operation involves

There is more than one way to correct a bunion, and the right operation for you depends on how far your toe has drifted. The common thread is that your surgeon cuts and realigns the bones of your big toe, then holds them in their new position while they heal.

For a mild or moderate bunion, the cut is usually made near the big toe and the bone is shifted across into a straighter line. Sometimes a second small cut in the toe itself helps balance it. For a more severe bunion, the bone may be cut further back in the foot. If the joint at the base of the toe is unstable or worn, it may be fused so the bones heal together as one.

Some operations are done through one or two small cuts with special instruments, rather than a longer open cut. Your surgeon will tell you which approach suits your foot.

At the end of the operation, the cuts are closed with stitches and covered with a dressing and bandage. You will go home with instructions on caring for your foot, and we will see you again to check the healing.

## After the operation

You will wake up in the recovery area, where nurses watch over you while the anaesthetic wears off. Your foot will be wrapped in a dressing and bandage, and we will give you medicine to keep you comfortable. Most people can stand and take a few steps soon after, often with a special shoe to protect the foot. Someone should stay with you for the first 24 hours after you get home. Your team will tell you whether you go home the same day or stay one night in hospital. We leave the dressing on for about 10 days; please do not take it off before then unless we tell you to. We change or remove it when we see you.

## Recovery

Expect soreness and swelling in your foot for the first days and weeks. This is a normal part of healing. Rest, keeping your foot raised, and the pain medicine we give you will ease the discomfort. The swelling often comes and goes, and it can take a while to settle completely.

You will wear a special shoe to protect your foot while you walk around the house. Your physiotherapist will guide you through simple exercises to keep your toes and ankle moving and your muscles strong. You can do most light tasks at home, but keep weight off the foot as much as you can at first, and follow the instructions we give you. Sleeping on your back or side with your foot raised on pillows can feel more comfortable.

Milestones come as events rather than dates. Once we have seen you and changed the dressing, your foot will be checked as it heals. When the swelling settles, shoes become more comfortable again. As movement and strength return, walking gets easier, and your physiotherapist will tell you when you are ready to do more. You can drive once you are off strong pain medicine and can react quickly in an emergency stop; our separate driving guide has more detail.

Recovery varies from person to person. Your timeline may differ, and your surgeon and physiotherapist will guide you along the way.

## What can go wrong

Most patients do well, but problems can occasionally happen. Your surgeon and the team monitor you closely to spot any issue early.

Sometimes the toe can be straightened too far, so it leans the opposite way towards your other foot. You might notice your big toe drifting inwards, or a new ache along the inside of the foot. If the toe looks like it is heading the wrong way, bring it up at your next review. Careful attention to your dressing and follow-up helps keep the toe in its corrected position.

The nerves that give feeling to the top and inner side of your big toe run close to where we work. During keyhole surgery, one of these nerves sits in a zone we take care to avoid. If a nerve is irritated, you might feel numbness, tingling, or a patch of altered feeling in the toe. Tell us at your review if this does not settle.

The bones we cut need to sit firmly against each other to heal. In some foot shapes, the pieces may not press together well enough. If the bones shift or fail to join, you might notice a clicking or grinding feeling, increasing pain at the operation site, or the toe drifting back. Let us know if any of these appear, as we may need to check the healing with X-rays.

The shape of your foot matters too. If you have a large bump and a narrow metatarsal bone, the bone ends may not hold contact well after the cut. If you have a small bump and a long metatarsal, achieving a full correction can be difficult. We plan your operation around your X-rays to work with your foot shape, and we will discuss what this means for you.

The complications table on this page lists typical rates if you want the specifics.

## When to call us

Most problems show up early, and we would rather hear about them sooner than later. Call us if you have a fever, increasing redness or discharge from the wound, or pain that keeps getting worse instead of easing. Call

us too if your calf becomes swollen or tender, or if you become short of breath. Go to emergency if you have sudden severe pain, you cannot feel your foot or toes, or you cannot move them. If your big toe starts drifting inwards towards your other foot, let us know.

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