

Patient Information for Consent

OS07 Bunion Surgery

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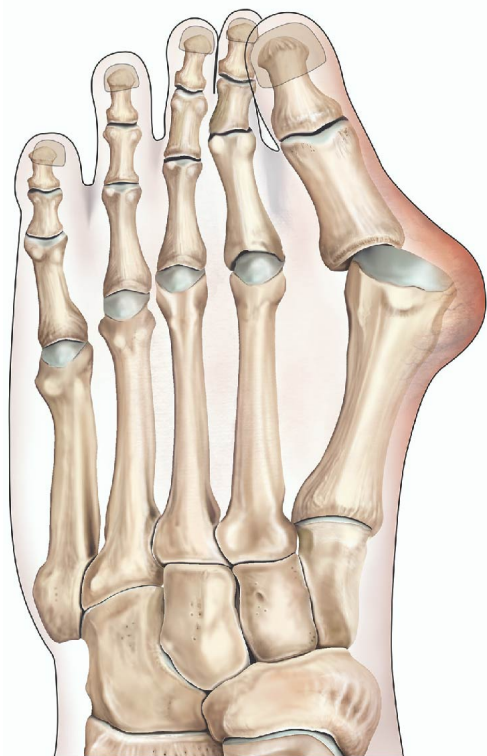
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What is a bunion?

A bunion is a bony lump on the side of your foot at the base of your big toe. This may be an isolated problem but it is often associated with other problems with the shape of your foot.



A bunion on the left foot

Your surgeon has suggested an operation to improve the shape of your foot and reduce any pain. However, it is your decision to go ahead with the operation or not.

This document will give you information about the benefits and risks to help you to make an informed decision. If you have any questions that this document does not answer, it is important that you ask your surgeon or the healthcare team.

Once all your questions have been answered and you feel ready to go ahead with the procedure, you will be asked to sign the informed consent form. This is the final step in the decision-making process. However, you can still change your mind at any point.

What causes a bunion?

Bunions are more common in women than men, and tend to run in families. They are more likely if you have stretchy ligaments (hypermobility).

Wearing shoes increases the risk of getting bunions, especially if they have high heels, pointed toes or badly designed soles. Some people with bunions have arthritis in the big toe joint, but many people have no other joint problems.

What are the benefits of surgery?

Your big toe should be straighter, so your foot should fit more comfortably in a normal shoe.

Are there any alternatives to surgery?

Putting padding over the bunion or a spacer between your big toe and second toe can help give you relief from the pain caused by the bunion rubbing. Using wide-fitting shoes from a good-quality shoe shop may be enough. If not, the orthotics (surgical appliances) department at the hospital will be able to give you advice about special shoes. These shoes are usually not particularly fashionable but they avoid all the risks of an operation and are almost always an effective treatment.

If these measures do not work, surgery may be an option.

What will happen if I decide not to have the operation?

Your surgeon can ask an orthotist to see you. They are experienced in treating foot problems using insoles and shoe modifications.

Bunions do not get better without surgery. Most bunions slowly get worse with time. Wearing sensible footwear will usually prevent them from getting rapidly worse. The skin over the bunion can become inflamed where it rubs on the inside of your shoe. Sometimes your skin can get infected and cause an ulcer. Aching in other parts of your foot is common but this is caused by other related problems with how your foot works rather than the bunion itself.

What does the operation involve?

The healthcare team will carry out a number of checks to make sure you have the operation you came in for and on the correct side. You can help by confirming to your surgeon and the healthcare team your name and the operation you are having.

Various anaesthetic techniques are possible. Your anaesthetist will discuss the options with you. You may also have injections of local anaesthetic to help with the pain after the operation.

You may be given antibiotics during the operation to reduce the risk of infection. The operation usually takes 30 minutes to an hour.

The surgery depends on the size of your bunion, other problems with how your foot works and any arthritis. Your surgeon will discuss with you which of the following procedures the operation is likely to involve.

- Removing the bunion.
- Releasing the tight ligaments and tightening stretched ligaments.
- Cutting and realigning the bones of your big toe (osteotomy).
- Stiffening a joint (arthrodesis).
- Straightening one or more of your other toes.

Your surgeon may fix your toes in place with wires or tiny screws.

They will close your skin with stitches and place a bandage or cast on your foot.

What should I do about my medication?

Make sure your healthcare team knows about all the medication you take and follow their advice. This includes all blood-thinning medication as well as herbal and complementary remedies, dietary supplements, and medication you can buy over the counter. Anti-inflammatory painkillers may prevent the bones from healing properly, so it is better not to take these if possible.

How can I prepare myself for the operation?

If you smoke, stopping smoking now may reduce your risk of developing complications and will improve your long-term health. Nicotine is known to prevent bones from healing.

Try to maintain a healthy weight. You have a higher risk of developing complications if you are overweight. Regular exercise should help to prepare you for the operation, help you to recover and improve your long-term health. Before you

start exercising, ask the healthcare team or your GP for advice.

You can reduce your risk of infection in a surgical wound.

- Try to have a bath or shower either the day before or on the day of the operation.
- Keep warm around the time of the operation. Let the healthcare team know if you feel cold.
- If you are diabetic, keep your blood sugar levels under control around the time of your procedure.

If you have not had the coronavirus (Covid-19) vaccine, you may be at an increased risk of serious illness related to Covid-19 while you recover. Speak to your doctor or healthcare team if you would like to have the vaccine.

What complications can happen?

The healthcare team will try to reduce the risk of complications.

Any numbers which relate to risk are from studies of people who have had this operation. Your doctor may be able to tell you if the risk of a complication is higher or lower for you. Some risks are higher if you are older, obese, you are a smoker or have other health problems. These health problems include diabetes, heart disease or lung disease.

Some complications can be serious and even cause death (risk: 1 in 2,800).

You should ask your doctor if there is anything you do not understand.

Your anaesthetist will be able to discuss with you the possible complications of having an anaesthetic.

General complications of any operation

- Bleeding during or after the operation. You will usually have a tourniquet (tight strap) around your leg during the operation, so there is usually little bleeding.
- Infection of the surgical site (wound) (risk: 1 in 50). Infection can damage a ligament repair and result in your big toe becoming deformed again. It is usually safe to shower after 2 days but you should check with the healthcare team. Keep your wound dry and covered. If you have a cast, you must keep it dry. Let the healthcare team know if

you get a high temperature, notice pus in your wound, or if your wound becomes red, sore or painful. An infection usually settles with antibiotics but you may need special dressings and your wound may take some time to heal. In some cases another operation might be needed. Do not take antibiotics unless you are told you need them.

- Allergic reaction to the equipment, materials or medication. The healthcare team is trained to detect and treat any reactions that might happen. Let your doctor know if you have any allergies or if you have reacted to any medication or tests in the past.

- Blood clot in your leg (deep-vein thrombosis – DVT). This can cause pain, swelling or redness in your leg, or the veins near the surface of your leg to appear larger than normal. The healthcare team will assess your risk. They will encourage you to get out of bed soon after the operation and may give you injections, medication, or inflatable boots or special stockings to wear. Let the healthcare team know straight away if you think you might have a DVT.

- Blood clot in your lung (pulmonary embolus), if a blood clot moves through your bloodstream to your lungs (risk: 1 in 5,000). Let the healthcare team know straight away if you become short of breath, feel pain in your chest or upper back, or if you cough up blood. If you are at home, call an ambulance or go immediately to your nearest Emergency department.

- Difficulty passing urine. You may need a catheter (tube) in your bladder for 1 to 2 days.

- Chest infection. If you have the operation within 6 weeks of catching Covid-19, your risk of a chest infection is increased (see the 'Covid-19' section for more information).

Specific complications of this operation

- Damage to nerves, leading to a patch of numb skin near the cut, or a tender scar. This usually gets better but may be permanent.

- Problems with bone healing, if the operation involves cutting a bone. The bone has to heal in the same way as a fracture (break). Sometimes the position of the bone can slip before it heals or healing can take longer than usual. These problems may need another operation to correct (risk: 1 in 50).

- Loss of movement in your big toe caused by arthritis or scarring from the surgery (risk: 1 in 25). This often improves with time but there may be some permanent stiffness.

- Severe pain, stiffness and loss of use of your foot (complex regional pain syndrome - CRPS) (risk: 1 in 100). The cause is not known. You may need further treatment including painkillers and physiotherapy. Your foot can take months or years to improve. Sometimes there is permanent pain and stiffness. You may be able to reduce this risk by taking a 1g vitamin C tablet each day for 6 weeks after the operation.

- Pain in the ball of your foot when standing or walking, if your foot does not take weight evenly (risk: 1 in 15). You may need an insole in your shoe.

- Over-correction of your big toe, so it ends up being too straight (risk: 1 in 100). This can make it rub in your shoe. You may need another operation.

- The deformity coming back, if your big toe gets out of balance again, or you have arthritis that causes more damage to your joints (risk: 1 in 10). The risk is higher if you are young or have very mobile joints. You may need more surgery in the future.

Covid-19

A recent Covid-19 infection increases your risk of lung complications or death if you have an operation under general anaesthetic. This risk reduces the longer it is since the infection. After 7 weeks the risk is no higher than someone who has not had Covid-19. However, if you still have symptoms the risk remains high. The risk also depends on your age, overall health and the type of surgery you are having.

You must follow instructions to self-isolate and take a Covid-19 test before your operation. If you have had Covid-19 up to 7 weeks before the operation you should discuss the risks and benefits of delaying it with your surgeon.

Consequences of this procedure

- Pain. The healthcare team will give you medication to control the pain and it is important that you take it as you are told so you can move about as advised.

- Unsightly scarring of your skin, although bunion-surgery wounds usually heal to a neat scar.

How soon will I recover?

In hospital

After the operation you will be transferred to the recovery area and then to the ward. You will have a cast or thick padded bandage on your foot. Keep your foot raised so that the swelling settles.

The healthcare team will check the blood circulation in your foot and monitor any bleeding or swelling.

Your surgeon will tell you how much weight you can put on your foot. The physiotherapist will help you to walk safely. You may need crutches or a walking frame.

You should be able to go home the same day or the day after. However, your doctor may recommend that you stay a little longer.

If you are worried about anything, in hospital or at home, contact the healthcare team. They should be able to reassure you or identify and treat any complications.

Returning to normal activities

If you had sedation or a general anaesthetic and you do go home the same day:

- a responsible adult should take you home in a car or taxi and stay with you for at least 24 hours;
- you should be near a telephone in case of an emergency;
- do not drive, operate machinery or do any potentially dangerous activities (this includes cooking) for at least 24 hours and not until you have fully recovered feeling, movement and co-ordination; and
- do not sign legal documents or drink alcohol for at least 24 hours.

To reduce the risk of a blood clot, make sure you carefully follow the instructions of the healthcare team if you have been given medication or need to wear special stockings.

Spend most of the time during the first week with your leg raised so that the swelling settles. After that, you can usually start to be a little more active.

Keep your wound dry for 4 to 5 days, and use a waterproof dressing when you have a bath or shower.

You may need to have your dressings changed to check your skin is healing and to remove any stitches. If you have wires in your toes, your surgeon will usually remove them in the clinic after a few weeks. You may need to have x-rays to check the bones have healed.

It can take 6 weeks or longer before the swelling has gone down enough for you to wear a normal soft shoe.

Once the bones have healed, you can massage any scars with moisturising cream and gently bend your toes to get them moving.

The healthcare team will tell you when you can return to normal activities.

Regular exercise should help you to return to normal activities as soon as possible. Before you start exercising, ask the healthcare team or your GP for advice.

Do not drive until you can control your vehicle, including in an emergency, and always check your insurance policy and with the healthcare team.

The future

The swelling often takes up to 6 months to go down completely. Wear comfortable shoes that have enough space for your toes. Wearing shoes with high heels or pointed toes may cause more toe problems in the future.

Summary

If you have a bunion that is causing pressure and pain, surgery should straighten your big toe and make your foot fit more comfortably into a normal shoe.

Surgery is usually safe and effective but complications can happen. You need to know about them to help you to make an informed decision about surgery. Knowing about them will also help to detect and treat any problems early.

Keep this information document. Use it to help you if you need to talk to the healthcare team.

Some information, such as risk and complication statistics, is taken from global studies and/or databases. Please ask your surgeon or doctor for more information about the risks that are specific to you, and they may be able to tell you about any other suitable treatments options.

This document is intended for information purposes only and should not replace advice that your relevant healthcare team would give you.

Acknowledgements

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