Lapidus procedure and Akin osteotomy

Bunion surgery

Information for patients
Department of Podiatric Surgery
What is a bunion?

A bunion is a bony deformity of the joint at the base of the big toe (hallux).

The main sign of a bunion is the big toe pointing towards the smaller toes on the same foot, which may force the bone attached to it (the first metatarsal) to stick outwards. The medical name for this toe deformity is hallux valgus.

This can change the shape of your foot and lead to swelling, pain and tenderness around the big toe.

These symptoms can get worse if the bunion is left untreated.

What are the treatment options for bunions?

There are both non-surgical and surgical options to treat bunions.

Non-surgical options

Non-surgical options focus on symptom management but will not 'cure' the bunion and/or any arthritic changes that have already occurred. Management can include:

- Modifying your activity
- Correct fitting or accommodative / orthopaedic footwear
- Joint injections (steroid, etc)
- Cushioning shields, splints and insoles may improve comfort

Surgical options

There are several surgical procedures that can be used to treat this condition. The clinical team will discuss the various options and the reason for choosing this one (Lapidus procedure).
Surgery may be considered if you are experiencing pain and activity limitation / disability along with either:

- A large bunion / deformity of the big toe
- Arthritis of the big toe joint and other associated joints
- Joint instability
- Difficulty with shoe fit despite wearing sensible footwear

*Bunion surgery should not be undertaken for cosmetic reasons.

**What are the benefits of surgery?**

- Reduction in pain and deformity
- Reduction of bony malalignment
- Reduction of associated callus / corns
- Ability to wear a broader selection of footwear

**Are there any risks?**

The general risks of foot surgery are outlined in the pre-operative information booklet which you will have already received. In addition to this there are the following specific risks for this procedure:

- Joint stiffness and pain
- Over/under-correction of deformity
- Metatarsalgia (pain in the ball of your foot)
- Non-union (where the bones do not knit together)
- Mal-union (where the bones knit together in a sub-optimal position)
- Arthritis of neighbouring joints
- Problems with fixation (screws / wires / plates becoming prominent and requiring removal)
- Nerve damage (loss of sensation)
What does the operation involve?

The bony surfaces either side of the first metatarso-cuneiform joint (joint at the base of the first metatarsal) are cut away to allow correction. The raw bone surfaces are then held together with screws and/or plates whilst they (fuse) heal together. In addition an akin or closing wedge osteotomy / bone cut of the big toe may be required.

How long does the operation take?

The operation usually takes between 45 and 60 minutes.

Is this a day procedure?

Yes, you can usually go home the same day (you will be admitted for half a day).
**Will I have a plaster cast?**

You will need a non-weight bearing below knee cast for 2 weeks. You may then have either a smaller non-weight bearing below ankle cast or removable walker boot for a further 6 - 8 weeks.

This plan is subject to change depending on individual factors, such as healing times, etc.

**Will I have any screws or pins in my foot?**

Internal fixation (bone screws, pins or plates) are used. These are buried beneath the skin so you will not normally notice them and they do not usually need to be removed.

**How long will I need off work?**

This will depend on the job you do and the speed of your recovery. For non-manual work, we usually recommend approximately 8 - 10 weeks. For manual work approximately 12 weeks.

**Who can I speak to if I would like more information about the procedure?**

It is important that you understand what the procedure involves before giving consent. This includes any potential risks, benefits and alternatives. These will be explained to you beforehand, but please don’t hesitate to ask either your consultant or one of the team if you have any further questions.
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The day of the operation

The operation is usually performed under a local anaesthetic which means that you will be awake. You can eat and drink as normal and take any prescribed medications on the day of operation (*unless advised otherwise).

The local anaesthetic is administered via injections around the area of the bunion and the ankle. Most patients find this to be more comfortable than a dental injection. Sometimes an injection behind the knee will be offered.

The operation takes about 45 to 60 minutes, although you can expect to be in the day surgery unit for about 4 - 5 hours. This is to allow you an opportunity to rest after your operation and for us to provide you with discharge information and packs as required. This additional information will give you details on how to look after yourself when you get home, what to look out for and who to contact if you have any concerns.

You should arrange for transport home with a relative / friend ideally by car but by accompanied taxi if necessary. You should not go home by public transport.

For your safety you must have a competent adult at home for the first day and night after surgery.
First 2 - 4 days

- This is the worst time for pain but you will be given painkillers to help.
- You must rest completely for 2 - 4 days with your foot elevated just above hip level. You may be advised to keep the circulation going by gently drawing circles in the air or wiggling your toes.
- You should restrict your walking to going to the bathroom only. If you have been given crutches you must use them as directed.
- Take your medications as advised with or after food.
- Use ice packs as instructed to help with pain and swelling.
- Ensure you drink plenty of fluid, though avoid caffeine.

One week after surgery

- You will need to attend the clinic for your foot to be checked and re-dressed.
- You may start to do a little more within pain limits. Pain may mean you are doing too much.
- You will be sent for an x-ray between weeks one and two after your operation.

Two weeks after surgery

- You must attend the clinic again for removal of stitches. For absorbable stitches this normally means just trimming the ends.
- Your foot will still be very swollen.
- Provided that the wound is well enough healed you should be able to get the foot wet (briefly).
- Your below knee cast may be replaced with a non-weight bearing below ankle cast or walker boot. You can keep your circulation going by wiggling your toes.
- You will be advised on a gradual return to activity and may also be advised on exercises and scar care.
Eight weeks after surgery

- You will need to return to clinic for removal of your cast and we may send you for another x-ray.
- The foot will still be very swollen, especially at the end of the day.
- You may require a review appointment at 4 - 6 weeks (depending on your recovery).
- You will normally transition out of the cast / walker boot to a stiff sold supportive shoe (trainer or walking boot). However, you may need additional immobilisation for a period in a cast / walker boot; you will be advised as appropriate.
- Return to work, sport and driving will be advised on a case by case basis. However as a general rule, a gradual return to activity is advised and no driving until you can perform an emergency stop. You must check with your insurance company before driving again.

Between eight and twelve weeks after surgery

- You should remain in supportive footwear for this period.
- The foot should continue to improve and begin to feel more normal again.
- There will still be moderate swelling particularly after weight bearing for longer periods.
- Sport can be considered after 3 months depending on your recovery.

Six months after surgery

- You will have a final review 3 - 6 months following surgery.
- The swelling should now be mild and you should be able to undertake the majority of your former activities.
- Any residual swelling and discomfort may continue to improve for up to 12 - 18 months.
Twelve months after surgery

- The swelling should now be slight and you should be getting the benefit of surgery.
- The foot has stopped improving with all healing complete.
- Any residual swelling and discomfort may continue to improve for up to 18 months.

Please note if a complication arises, recovery may be delayed.

Who do I contact if I would like any further information?

If you have any questions about the procedure or would like further information please call us on:

- 0114 271 4668