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 treatments can be used to try to manage the bunion and alleviate pain, however bunions cannot be corrected by non-surgical options. The options for managing the bunion and alleviating pain are:

- Modifying your activity
- Wearing correctly fitting or accommodative footwear
- Having joint injections
- Cushioning shields, splints and insoles may improve comfort.

Surgical options

Bunion deformity can only be corrected using surgery, of which there are several types.
• The Lapidus, with or without Akin, procedures are offered when there is bunion deformity and/or joint instability. The different types of surgery and their suitability in your case will be discussed with you in depth during your consultation.

Surgery may be recommended 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
• Difficulty with shoe fit despite wearing sensible footwear

NB: Bunion surgery should not be undertaken for cosmetic reasons.

What are the benefits of surgery?

• Reduction in pain and deformity
• Reduction of the misalignment which is the cause of the deformity

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-correction
• 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)
• 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 whilst they fuse (heal together). In addition an akin or closing wedge osteotomy / bone cut of the big toe may be required.

![Before surgery](image1)
![During surgery](image2)
![After surgery](image3)

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 usually be admitted for half a day).
Will I have a plaster cast?

You may need a non-weight bearing below knee cast for 2 weeks. You may then be in a smaller non-weight bearing below ankle cast for a further 6 weeks. If required you may need a further 4 weeks in a removable weight bearing cast.

NB: casting regimes can be 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. Although these will be explained to you beforehand 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. This means you will be awake during the procedure and can therefore eat normally and take your normally prescribed medications on the day of the operation.

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 an hour, although you can expect to be in the day surgery unit for about 3 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.

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

First 2 to 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 in the way shown. You may be able to bear a little weight on the foot carefully using just the heel. You should be able to get about a little more after 3-4 days.
One week after surgery

You may need to attend 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 clinic again for removal of stitches. For absorbable stitches this normally means just trimming the ends. At this point your below knee cast will usually be replaced with a non-weight bearing below ankle cast. You can keep your circulation going by wiggling your toes.

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. At this stage you may be permitted to return to roomy supportive footwear such as a trainer or walking boot. However, you may need a further 4 weeks in a removable walking cast, 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.

Six months after surgery

You will have a final review between 3-6 months following surgery. The swelling should now be slight and you should be getting the benefit of surgery. Any residual swelling and discomfort may still be improving until 12 months.
Twelve months after surgery

The foot has stopped improving with all healing complete.

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