Silver's bunionectomy plus Akin osteotomy for the treatment of bunion

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. The main sign of a bunion is the big toe pointing towards the other toes on the same foot, which may force the foot 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 usually get worse if the bunion is left untreated.

What are the treatment options for bunions?

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

Non-surgical options

There are no non-surgical options to correct bunions. Non-surgical options can be used to try and manage the bunion and reduce pain. The options are:

- Modifying your activity levels and type
- Ensuring that you wear footwear that is wide and deep enough to accommodate the shape of your foot
Surgical options

Severe deformity can, however, only be corrected using surgery. Surgical options usually include:

- Silver's bunionectomy is a procedure which consists of shaving a bunion. It therefore addresses only the prominent bump aspect of the bunion. It is used for simple bunions with no hallux valgus and increased intermetatarsal angle.
- Bunion correction can only be achieved surgically. If there is severe deformity and/or joint instability, then the Akin osteotomy procedure may be offered. This will be discussed with you in depth during your consultation.

Surgery is usually recommended if you are experiencing pain and limitation / disability along with:

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

What are the benefits?

- Reduction in pain and deformity
- Improve footwear comfort and fit
- Localised procedure which does not involve other joints
- Reduction of the prominent bone
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
- Failure of procedure
- Worsening of big toe deformity
- Scar sensitivity
- See also the complications covered in the general information leaflet

What does the operation involve?

Once your foot has been anaesthetised you will be taken to theatre. A cut will be made along the side of your big toe joint. The bony bump will be removed. A wedge will be cut from the big toe and closed with a screw to straighten the big toe. You will have stitches put in which will stay in place for 2 weeks.

Before operation          After operation
How long does the operation take?

The operation usually takes between 30-45 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?

No.

Will I have any screws or pins in my foot?

Internal fixation (bone screws or pins) are usually 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 4-6 weeks. For manual work approximately 6-8 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.
Silver's bunionectomy plus Akin osteotomy

The day of the operation

The operation is usually performed under a local anaesthetic. This being the case, you will be awake; you can eat normally and take your normally prescribed medications on the day of operation. The local anaesthetic is given by 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 the operation and for us to provide you with discharge information and packs as required. 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 in the way shown. You may be able to bear a little weight on the foot carefully using just the heel. You can get about a little more after 3-4 days.

One week after surgery

You may need to visit 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.
Two weeks after surgery

You must attend the clinic again for the removal of your stitches. For absorbable stitches this normally means just trimming the ends. You should no longer need the bandage and you should be able to get around without crutches. Your foot will still be quite swollen but you should be able to get a roomy shoe on. You should bring a lace-up, broad fitting and supportive shoe (ideally a trainer) with you. Provided that the wound is well enough healed you should be able to get the foot wet. You will be advised on a gradual return to activity and may also be advised on scar care.

Between 2-6 weeks after surgery

The foot starts to return to normal and you can return to shoes. The foot will still be quite swollen especially at the end of the day. You may require a review appointment at 4-6 weeks. You may be able to return to work but may need longer if you have an active job. If in doubt, please discuss this with a member of the team. You may return to driving if you can perform an emergency stop. You must check with your insurance company before driving again. Whilst you can resume normal activity, you should avoid sport.

Between 8-12 weeks after surgery

The foot should continue to improve and begin to feel more normal again. There will be less swelling. Sport can be considered after 3 months, depending on your recovery.

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.
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