

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



## Information for patients

Department of Podiatric Surgery



**PROUD TO MAKE A DIFFERENCE**

SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST



## What is a bunion?

A bunion (Hallux Abducto Valgus) 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. This may force the bone attached to the big toe (First Metatarsal) to stick outwards. This can change the shape of your foot and lead to swelling, pain and tenderness around the big toe.

## What are the treatment options for bunions?

### Non-surgical options

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

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

### 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 (**Silver's Bunionectomy & Akin Osteotomy**).

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

- Significant bunion deformity of the big toe
- Difficulty with shoe fit despite wearing sensible footwear

## What are the benefits of surgery?

- To reduce pain and (some of the) deformity
- To improve footwear 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, the specific risks for this procedure are:

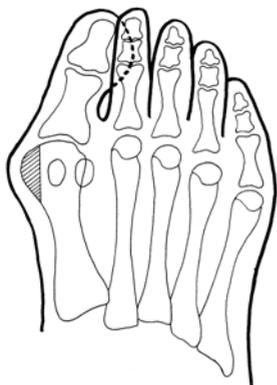
- Residual (ongoing) deformity (**inherent to this procedure as it does not fully correct the deformity**)
- Ongoing joint pain and stiffness
- Failure of the procedure
- Worsening of big toe deformity
- Scar sensitivity

## What does the operation involve?

A Silver's bunionectomy is a procedure which consists of shaving a bunion and removing a wedge of bone from the big toe (Hallux). It therefore addresses only the prominent bump aspect of the bunion and some of the deviation of the big toe. It is used in cases where only the bump causes discomfort and a quick return to activity is desirable.

This is **not an ideal bunion correction but a compromise. The aim of the procedure is to reduce footwear irritation and permit easier footwear selection.**

Once your foot has been anaesthetised, you will be taken to theatre. A cut will be made down the side of your foot and the bony prominence will be removed. You will have stitches put in which will remain in place for 2 weeks.



**Before operation**



**After operation**

## **How long does the operation take?**

The operation usually takes between 30 to 40 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, they are not typically required for this procedure.

## **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. We usually recommend approximately 4 to 6 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 (permission). This includes any potential risks, benefits and alternatives and 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 and Akin osteotomy**

### **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 foot 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 30 to 40 minutes, although you can expect to be in the day surgery unit for about 4 to 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 or 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 to 4 days

- It is not unusual to experience some pain or discomfort. You will be given painkillers to help with this.
- You must rest completely for 2 to 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. Please use any crutches/walking aids you have been given.
- 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 to 4 days.

## 1 week after surgery

- You may need to attend the clinic for your foot to be checked and re-dressed.
- You may start to do a little more if it is comfortable to do so (pain may mean you are doing too much).
- You will be sent for an X-ray between weeks 1 and 2.

## 2 weeks after surgery

- You must attend clinic for the removal of your stitches. For dissolvable stitches this normally means just trimming the ends.
- 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, supportive shoe (**running trainer**) with you.
- If the wound is well 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 to 6 weeks after surgery**

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

## **Between 8 to 12 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.

## **6 months after surgery**

- You will have a final review 3 to 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 to 18 months.

## 12 months after surgery

- The swelling should now be slight and you should be getting the benefit of the 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 the podiatry surgery team on:

- **0114 271 4668**



**Sheffield  
Hospitals  
Charity**

To help support your local hospitals visit  
[sheffieldhospitalscharity.org.uk](http://sheffieldhospitalscharity.org.uk)

Registered Charity No. 1165762



**Yes I donate**  
ORGAN DONATION

**Alternative formats can be available on request.  
Please email: [sth.alternativeformats@nhs.net](mailto:sth.alternativeformats@nhs.net)**

© **Sheffield Teaching Hospitals NHS Foundation Trust 2021**

Re-use of all or any part of this document is governed by copyright and the "Re-use of Public Sector Information Regulations 2005" SI 2005 No. 1515. Information on re-use can be obtained from the Information Governance Department, Sheffield Teaching Hospitals. Email [sth.infogov@nhs.net](mailto:sth.infogov@nhs.net)