

# Are You Ready for Bunion Surgery?

By John M. Sigle, DPM, FACFAS, Foot & Ankle Center of Illinois



John M. Sigle,  
DPM, FACFAS



Grant Gonzalez,  
DPM, FACFAS

Most people try a variety of conservative treatments to tolerate their bunions and to avoid surgery as long as possible. Unfortunately, when conservative care stops working and severe pain and swelling begin to interfere with daily activities, they find themselves at a crossroads and need help to make a decision. They have tried all the non-surgical treatments and realize surgery is the only remaining option. Although everyone's goal is to avoid surgery, sometimes it is the only answer.

According to Dr. Gonzalez, advanced foot and ankle surgeon, "Foot surgery causes worry, so we take as much time as necessary to address their questions and concerns. We like to give them the full picture of what to expect going in so that there are no surprises after surgery. After our diagnosis, we tell them what their surgical options are, what will happen to them, how long it will take to recover, how long they have to take off work, and when they can expect to resume their normal activities. We try to make it as painless as possible." Here are some of the common questions patients have about bunion surgery. Hopefully, this information will help you decide if you are ready for this procedure.

## Are there different surgical procedures?

A bunion is more complicated than a bump on the side of the big toe. The type of procedure performed depends on the severity of the bunion, its size, and a combination of factors such as age, activity level, health, and condition of bones, muscles, tendons, and ligaments in the foot. Various procedures are used to correct mild, moderate, severe, and arthritic bunions or big toe joints. After a thorough diagnosis, your surgeon will customize a surgical plan to correct your problem and provide the best outcome.

Surgeons often use a variety of surgical techniques referred to as metatarsal osteotomies to correct hallux valgus deformities (HAV). HAV deformities are located at the base of the big toe, or metatarsophalangeal (MTP) joint. This condition is present when the big toe (hallux) is deviated or points toward the lesser toes. In very extreme cases, the big toe can cross under or over the second toe.



Head, mid shaft, or base metatarsal osteotomies are some of the more notable techniques used to correct HAV deformities in the MTP joint. In some severe cases, fusing the midfoot joint is required.

The more traditional surgical methods usually consist of an incision on the top of the big toe joint that extends toward the mid foot. Some techniques include an additional incision between the first and second toe on top of the foot extending to the mid foot. Wires, screws, pins, and plates are typically used to stabilize the bones during healing. In the majority of cases, casting or boot immobilization is required along with non-load bearing crutches for six to eight weeks. Consequently, patients are inactive and not able to return to work during that time. Most patients experience a significant reduction of pain and improved alignment of the big toe. It can take six months for full recovery, especially if postoperative problems occur.

Other minimally invasive procedures are being used more often than traditional techniques. They are more effective at correcting the bunion condition, minimizing pain, enhancing healing and recovery, and minimizing scarring. Now, advanced foot and ankle surgeons are combining surgical techniques to achieve both functional and aesthetic results with a high degree of success.

A cosmetic approach with a smaller medial incision is made on the side of the foot that is hidden from the eye. It looks as though there's never been any surgical work done while wear-

ing sandals or being barefoot. Sutures are located under the skin to eliminate scarring and detection, and they are dissolvable.

Precise surgical bone cuts are engineered to withstand weight bearing, to realign toes, and to maintain proper foot structure and balance. Using the Swiss Compression Technique, tiny screws are used to fixate surgical bone cuts and to stabilize the realignment. Patients are not required to be casted or on crutches. The Swiss Compression Technique allows patients to become weight bearing immediately after surgery in a surgical shoe. Patients can drive the day after surgery.

Minimally invasive procedures also minimize edema and pain. There is less internal scarring and damage to the tissue, allowing for faster recovery time. Patients are not required to be casted or on crutches. They can begin walking immediately and, in most cases, wear comfortable athletic shoes within two weeks. Most women are back in their high heels in twelve weeks; however, they may have to wear lower heels.

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Patients are able to return to work faster and to their normal activities within a much shorter time than traditional bunion surgeries. Now patients can have their surgery done on a Thursday or Friday and return to work within four to five days. Although they are not able to make lengthy and demanding walks, they are able to get in and out of a car and walk to their office. The majority of patients undergoing minimally invasive bunion surgery are highly satisfied that they are able to resume normal activities within four to six weeks and return to fitness activities within a couple of months. They are also happy with the way their foot looks because the bunion deformity is corrected and the scar is not visible.

Overall, bunion surgery is very successful. More than 80 to 85 percent of the patients are satisfied with their outcome regardless of the type of surgery performed.



*Severe Hallux Valgus Deformity and Crossover of 2nd Hammertoe*



*Traditional Surgical Corrections*

#### **What can I expect after surgery?**

Most of the time, surgery is done on an outpatient basis. As soon as the anesthesia wears off, you are able to return home. The length of the recovery period varies depending on the surgical procedure performed.

Prior to surgery, your surgeon will explain the discharge process. It is important to comply with instructions for care of your dressings, bathing, and medications. You will receive helpful information to avoid infection, and instructions in the event that you experience drainage, pain, redness, swelling, chills, sweats, fever, and nausea.

Depending on the type of surgery performed, you may have to wear a cast, surgical boot, or use crutches or an assistive walking device. Your surgeon will provide specific guidelines for rehabilitation and recovery; as well as returning to work and resuming normal activities.

#### **How do I to select the right surgeon?**

Choosing the right surgeon is critical. Do your research and select a surgeon with advanced training in foot and ankle surgery. It is important to remember that you are in the driver's seat when it comes to selecting the right surgeon. You are not obligated to see a surgeon who is suggested by your primary care provider because they are in the same network. Ask for a referral to see the surgeon you feel will do the best job for you.

*If you want additional information regarding innovative bunion surgery or laser therapy to reduce swelling and pain, contact the Foot & Ankle Center of Illinois at 217-787-2700. The Foot & Ankle Center of Illinois is conveniently located in Springfield, Decatur, Taylorville, Carlinville, Shelbyville, and Sullivan. Visit [myfootandanklecenter.com](http://myfootandanklecenter.com) for additional information.*