Gleneagles Hospital
HONG KONG
港怡醫院

Hosp No.	:	HKID No.:
Case No.	:	
Name	:	
DOB	:	M / F
Adm Date	:	
Contact No.	:	

Procedure Information Sheet – Hallux Valgus/ Bunion Surgery

1. Introduction

1.1. The big toe of the foot is called the hallux. If the big toe deviates outward toward the direction of the other toes, the condition is called hallux valgus deformity.

1.2. As the big toe drifts over, a bony prominence starts to develop on the inside of the big toe over the metatarsal bone, forming a bunion. Once the bunion is present, hallux valgus would worsen slowly over time. The deformity is extremely difficult to correct by oneself.

1.3. Hallux Valgus is a common foot deformity among adult women. The ratio of occurrence between men and women is roughly 1 to 10. Hallux valgus may develop in only one foot or both feet.

1.4. The predisposing factors include: hereditary, poor footwear, other associated foot and ankle deformities and previous injury to the big toe.

1.5. Hallux Valgus Surgery is indicated for:

1.5.1. Big toe becomes swollen, inflamed and painful.

1.5.2. The big toe displaces and overlaps with the second toe, causing the second and even third metatarsals to become the pressure point when walking. This will cause painful callosity or corns formation.

1.5.3. Non-surgical treatment failed to improve the condition.

2. Procedural Preparation

2.1. The reason of operation, procedure and possible complications will be explained by the surgeon and consent form will be signed before operation.

2.2. Pre-operative anesthetic assessment will be performed. The anesthetic management and its possible risks will be explained by the anesthetist with consent for anesthesia signed.

2.3. Inform doctor for any drug allergy, regular medications or other medical conditions.

2.4. Do not eat or drink for 6 to 8 hours before operation if under general anesthesia.

3. Procedure

3.1. The operation is performed under general or spinal anesthesia.

3.2. Different procedures are performed on different patients according to their individual conditions:

3.2.1. Medial buniectomy – shaving off of the medial eminence and bunion and restoring the soft tissue tension around the first metatarsophalangeal joint.

3.2.2. Metatarsal osteotomies – correct the alignment of the first metatarsal bone. The metatarsal bone is sometimes held in place with screws or plate.

3.2.3. The most common types of surgery are soft tissue restoration and metatarsal correction surgeries. Some procedures can be performed with arthroscopy.

4. Recovery Phase

4.1. After surgery, a cast or special protection shoes should be worn for 6-8 weeks to stabilize the joint. During this period, a crutch may be necessary to assist walking.

4.2. The shoes are specially designed to prevent putting too much weight on the front part of the foot whilst the bone is healing. The method to walk in the shoe appropriately will be shown by the physiotherapist around the time of the surgery.

4.3. For the first two weeks after surgery, homebound is recommended, avoding too much weight bearing walking.

4.4. However, lower limb exercise is recommended as this can improve circulation, reduce swelling and minimize the risk of blood clot formation.

4.5. Around three months after surgery, weight bearing walking is allowed in shoes with wide toe boxes, in order to minimize the chance of recurrence.

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5. Possible Risks and Complications

5.1. Possible complications include: numbness or tingling sensation, nerve injury, bleeding or hematoma, infection, osteomyelitis, avascular necrosis of metatarsal bone, fracture, joint stiffness, recurrence.

6. Discharge Education

6.1. Contact your doctor or attend Accident and Emergency Department if you have:
  6.1.1. Increased redness, swelling, or bleeding from the wound site.
  6.1.2. Fever more than 38˚C and rigor.
6.2. Keep the foot raised up (such as on pillows) in the first week after surgery to reduce the swelling.
6.3. Take the analgesics as prescribed by your doctor if necessary.
6.4. Attend the follow-up visit in your doctor clinic.

7. Remark

7.1. The above mentioned procedural information is not exhaustive, other unforeseen complications may occur in certain patient groups or different individual. Please contact your physician for further enquiry.

8. References

8.1. Patient Information: Hallux Valgus Surgery. Orthopedic Department, Yeovil District Hospital, National Health Service (NHS) Foundation Trust.

I acknowledged the above information concerning the operation or procedure. I have also been given the opportunity to ask questions and received adequate explanations concerning the condition and treatment plan.

Patient/ Relative Signature: _____

Patient/ Relative Name: _____

Date: _____