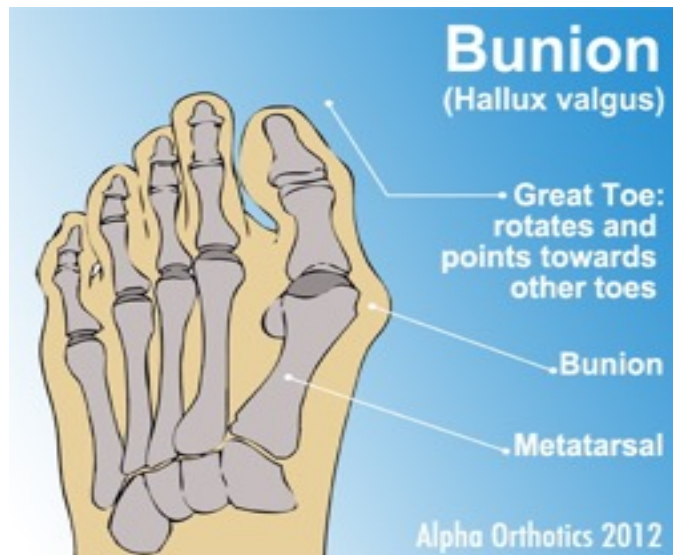


SCARF/AKIN OSTEOTOMY SURGERY (for bunion correction)

What are bunions?

A bunion is a bony swelling at the base of the big toe. This can occur when the big toe drifts towards the second toe, resulting in a painful swelling. The medical name for a bunion is hallux valgus.

It is not known exactly why bunions occur, but wearing badly fitting shoes is thought to be one possible cause. If bunions become worse over time, they can cause other problems, such as arthritis within the big toe joint.



Correction of the bunion with minimally invasive surgery



Why do I need surgery?

Surgery is usually recommended for moderate to severe bunions that aren't relieved by painkillers, bunion pads and orthotic aids. Surgery will improve the alignment of the big toe and is also used to help relieve pain. Surgery is successful for 85–90% of people who have it. However, there is no guarantee that your foot will be perfectly straight, or pain free, after the operation.

How is the surgery done?

You will be asked to wash your feet thoroughly on the day of operation and keep them clean, as this will reduce the rate of infection. The procedure is called an osteotomy, meaning a bone cut. There are many variations on the choice of osteotomy carried out but modern forefoot surgery usually involves

the procedure known as a **scarf** osteotomy. An incision (cut) is made along the inside of the bunion. The bone cut is made in the first metatarsal and the fragments are displaced into a more normal position. The bone is held in position by two small surgical screws. The screws are buried in the bone so usually they do not need to be removed. The fix is stable and there is usually no need for a plaster cast post-operatively. The bony protrusion (bump) is trimmed at the same time as the cut is made. The soft tissues attaching to the outside of the big toe are often tight and may be released to allow correction of the toe. This may be done through a small second incision on top of the foot.

Scarf Osteotomy



A further procedure known as an **Akin** osteotomy may be carried out on the big toe (phalanx) at the same time. This involves removing a wedge of bone from the big toe, the aim of this is to achieve a better correction of the sideways deviation of the big toe.

Akin Osteotomy



A wedge of bone is removed from the phalanx of the big toe.



The wedge is closed to correct the deformity and stabilised with a staple, screw or bone stitch

What risks are there involved in the procedure?

Infection

This occasionally occurs in a small percentage of patients

Numbness or tingling

There is a risk of damage to the small nerves of your toes which may leave you with numbness or possibly a painful scar

Non-union

Occasionally bones fail to unite (not join). If you smoke the risk of non-union or complications are greatly increased. It is, therefore, essential that you stop smoking before surgery and refrain from smoking until all bone have healed

Blood clots (deep vein thrombosis)

This is a rare complication caused by having to be less mobile following surgery. You can help prevent this by elevating your foot when you sit, keeping gently mobile wearing your stiff soled shoe and carrying out frequent ankle and knee exercises to keep you circulation moving.

Swelling

Can occur if you sit with your leg down, this can cause increased pain and problems with wound healing. It may occur up to 8 months post-surgery.

Metalwork

Plate and screws usually stay in for life but occasionally need to be removed under local anaesthetic if they cause discomfort or problems, such as loosening, in the future.

Stiffness

Stiffness and pain in the toes can occur following surgery.

Pressure transfer

A callus can develop under the second toe which is caused by transferring weight to the second toe.

Recurrence of deformity

This happens very rarely and further surgery may be required.

Over correction

This again happens very rarely and may require further surgery.

Getting ready for your operation:

You will usually be seen in the pre-operative clinic before you are admitted to hospital. Here you will have blood tests and sometimes a heart trace and a chest X-ray, if appropriate. You will be assessed to see if you are fit for the anaesthetic.

The staff will ask routine questions about your health, the medicine you take at the moment and any allergies you may have

If there is anything you do not understand or if you have any questions or concerns, please feel free to discuss them with your doctor or nurse.

Preparation before your surgery:

- As your mobility may be reduced after your operation, make arrangements to ensure you will have any help and support you may need with shopping, housework, making meals etc. Especially if you live alone.
- If you live alone, and/or do not have anyone to help you post operatively and have concerns about managing at home after your operation, ask to be referred to social services. You may also see one of the therapy team who can assess you for any equipment that may help you at home.
- If you live alone, and have concerns about being able to manage stairs after your operation, think about having a bed down stairs.
- Look for a comfortable pair of shoes or sandals to come into hospital with. Wearing something comfortable and firm fitting on your good foot will help with your balance and walking after your operation.

- If you normally use walking aids to help you walk, bring these into hospital with you.

After the operation:

You may experience moderate pain. You will need some painkillers for the first few days. You need to keep the foot elevated for the first few days until the swelling settles. You will be followed up in clinic in 10 to 14 days to check the wound, remove stitches if necessary, reduce the bulky dressing and to fit a toe splint which you will wear for 4 weeks. You will be seen again at 6 weeks post operatively to assess the healing.

You may need 6 weeks of time off work depending on the nature of your job.

You won't be able to drive until you could do an emergency stop without any pain in the foot usually at around 6–8 weeks. You should notify your insurance company of the type of procedure undergone to ensure that cover is valid. If surgery is undertaken on your left foot and you have an automatic car you can usually drive around three weeks following your operation.

There may be a residual swelling in the foot for 6 to 8 months.

You can usually return to sport between 3–6 months from the date of surgery. Recreational walking or light sporting activities may be resumed earlier.



Flat / stiff soled shoe



Wedged shoe

You will wear this type of shoe on your operated foot for 6 weeks following your surgery.



When your bandages are removed after 2 weeks you will be fitted with a support like this to wear for 4 weeks with the shoe above.

Walking after your surgery:

- You will be given a Velcro fastening, flat, stiff soled shoe to wear on your operated foot following surgery. You will need to wear this for up to 6 weeks after your operation (depending on the procedure you have had).
- Either a nurse or a therapist will help you to get out of bed and start walking.
- You must keep your weight on your heel and off the front of your foot for up to 6 weeks (depending on the procedure you have had). You will do this by stepping your operated foot forward first and then stepping your other foot up to but not past it.
- Not everyone will need crutches but if you have poor mobility or problems with your balance you may find walking is easier initially with the aid of 1 or a pair of crutches.

- You will be advised to go up and down stairs standing sideways with your hands on the banister rather than facing forwards as this will help keep your weight through your heel and off the front of your foot.
- You should keep walking to a minimum for the first few days, (stay indoors) to prevent bleeding and swelling. Keep your foot elevated when not walking. Your foot should be level with or slightly higher than your hip.

Exercises after your surgery:

- You should start your exercises as soon after your operation as you can.
- Move your ankle up and down and side to side as far as you can. Do this for 20 seconds every quarter of an hour. This will help improve your circulation and prevent your ankle stiffening up.
- Bend your hip and knee up towards your chest as far as you can 10 times an hour.
- Keeping your knee straight, lift your leg up 10 times an hour.

- Either lie on your un-operated side or stand up and lift your operated leg out to the side 10 times.
- Either lie on your front or stand up and lift your operated leg out behind you 10 times.
- Try to keep your un-operated toes from stiffening by holding each one between your finger and thumb and gently bending them forward and backwards a few times. You can start this as soon as you comfortably can.
- Once your bandages have been reduced at 2 weeks you can start gently wiggling your toe. Hold the toe between your finger and thumb and bend it forward and backward to help improve the movement.