
Bunion Surgery Explained

A Guide to

Understanding

Bunions: Causes and

Treatments

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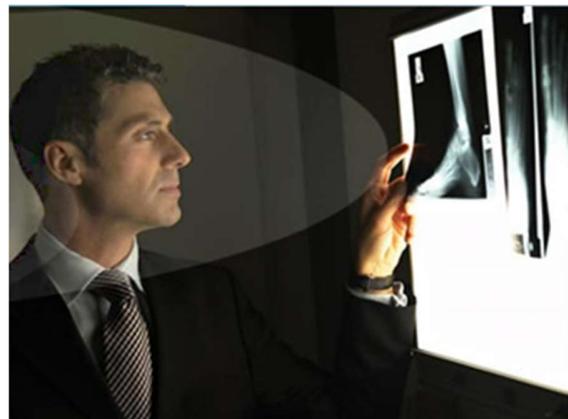
Podiatric Surgeon

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ABOUT THE AUTHOR

Dr Damien Lafferty (Podiatric surgeon) has been practicing in Sydney since arriving in 2005. Dr Lafferty's initial training was undertaken in Perth Western Australia where he also completed his foot and ankle surgical fellowship with the Australasian College of Podiatric Surgeons in 1997 also in Perth Western Australia.

Dr Lafferty has over twenty years' experience, nine of which were in Perth with a further nine years in London, England. He has been in caring for people in Sydney. During his time in England, he worked both privately and publicly, consulting at Guys and St Thomas's Hospital in London. He has completed a range of professional advancement training courses in the USA.



Dr Lafferty's has experience in all aspects of foot surgery, yet specific experience is in surgical correction of common podiatric complaints such as; Bunions, hammertoes, Morton's neuroma and plantar and warts and ingrown toenails. An area that Dr Lafferty finds particularly rewarding is revision surgery for previously failed foot surgery. Research and experience have led us to realise that some of the older procedures proved unsuccessful, had long recuperation times and even ultimately increased symptoms.

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Why I Wrote This Book

As a specialist foot and ankle surgeon, I have seen first-hand the impact that poorly treated bunions have on my patients. Bunions are the number one foot complaint that I deal with. Bunions have been shown to reduce health related quality of life, make fitting footwear difficult and increase the risk of falls and balance problems.

So why is this happening more now than ever before? Well, there are many factors involved: Firstly, many people often see a specialist foot and ankle surgeon as a last resort, only after they have exhausted all other treatment options – such as orthotics. They will see their GP first and - generally speaking - will be advised that the surgery is painful and does not work and not to bother with it. This advice would be given, as typically this was true with the older procedures. Next they'll see their Physiotherapist, Chiropractor or Osteopath, and even though they may offer sound advice, it often fails to have long-term lasting benefits because they fail to understand the condition and the scientific evidence that supports surgical intervention. This is frustrating because the fact is you simply do **NOT** have to suffer from bunions. Bunions can be treated successfully if correct treatment is undertaken by somebody who knows what they are doing! This is why I decided to create this simple publication for you. I wrote it so that you could understand the causes of bunions, the treatment options available to you, and so that you could learn how to make your own decision on whether surgery is right for you. Wouldn't that be great, not just treating a problem, but learning everything there is to know about it?

If after reading this book you think you could benefit by seeing a specialist foot and ankle surgeon, I do hope you consider making an appointment to see me. I will do everything in our power to treat your condition, reduce and eliminate your pain, and improve your function.

What Causes Bunions?

Genetics. There is now no question that you have inherited your bunions from one of your parents or grandparents. Tight footwear, such as high heels, may make things worse, but men also get this disorder and you rarely see men walking around in high heels!

Bunions don't always hurt – but if they do, listen to them. Pain is the body's way of telling us that something is wrong. This may happen through injury or illness, but regardless of the causative factor, you need to listen and take action. Pain that occurs in our feet is no different and alerts us to seek treatment.

The foot is a very complicated structure at least 26 bones found in the human foot. The foot also has 33 joints and a network of more than 100 tendons, muscles, and ligaments. The big toe joint is subject to an enormous amount of stress and force each day and there are a variety of outside influences that can affect its ability to function properly.

It's interesting to note that bunions do not always follow the same pattern of symptoms. Sometimes there is pain underneath the ball joint, and at other times pain and discomfort may occur directly over the bunion because of footwear irritation. The pain may be a sharp shooting pain, in which case, it is because of compression of the dorso-medial cutaneous nerve. This 'squashing' of the nerve can also result in a numb feeling on the bottom of the big toe or along its side. Some people will say it's starting to increase in size and that this has occurred rapidly in the last few years, whereas for other people, the bunion stays much the same as it always has. All this variation occurs because where not looking at one single problem, there are many, so let's start looking at the most common problems with bunions in a little more detail.

Displacement of the sesamoid bones

This is by far the most common problem associated with bunions in my experience. On the bottom of the bunion there are two sesamoid bones, which act exactly the same as the kneecap, or patella. The purpose of sesamoid bones is to act as a connection point between a muscle and a tendon. When the muscle and tendon balance is interrupted, these bones can become displaced – in other words, dislocated. A bunion is therefore, essentially a dislocated joint. Of course, tight footwear will further exacerbate this muscle and tendon imbalance. The pain from bunions, therefore, relates more so to function problems – your joint is dislocated and not functioning properly. In many patients with longstanding bunions, osteoarthritis will also set in and contribute to pain levels. Pain from bunions is usually most severe when you are wearing certain footwear and usually is relieved by doing the opposite, removing shoes.

If this sounds like you, you should call and make an appointment to see me, or another specialist foot and ankle surgeon – I will be happy to offer a recommendation for a second opinion, because regardless of what you've been told, it will not go away by itself.



An example of Displaced sesamoids

Excess bone growth

Sometimes spurs (exostosis) are found in people with bunions, and they are often the source of the problem. Spurs are bony growths on the bone caused by tension from tight footwear. Most patients with bunions assume that the bony bump (the spur or exostosis) is the bunion, but it's not. It is only one component of the disorder. This is one of the reasons why bunion surgery can fail – when the surgeon only removes the bony bump and does not fix the dislocated joint, the disorder is still there!



An example of a bony bump

Angles and fandangle's

There's no easy way to explain this, but I'll do my best: There are many changes in bone angles that contribute to bunions, but here are the two most important:

1. Hallux abductus angle: the angle formed between the big toe and the 1st metatarsal bone – a normal angle is around 10 degrees, but when you have a bunion this angle will increase gradually overtime
2. Intermetatarsal angle: the angle formed between the 1st and 2nd metatarsal bones is normally 6-10 degrees. If you have a bunion, this angle will gradually increase overtime, as the toe drifts further over



Arthritis

There is another condition that patients often confuse with bunions – it is called hallux rigidus. Hallux rigidus is basically arthritis of the same joint that is affected by a bunion. While people with bunions can and do develop arthritis in this joint, this is not usually the main issue.

Often a patient will present with a combination of problems, so it's not uncommon to have a patient with a bunion and also arthritis, however rarely, do they start at the same time. Usually a patient will have one problem, and after constant neglect and no treatment, a secondary problem will occur. Also, it may only present in one foot, then the other foot after a period of time. Patients will often mention how their problem seems to move from their left foot to the right foot and then back again, and this is not uncommon.



An example of arthritis (Hallux rigidus)

What Can Dr Lafferty Do About Bunions?

Bunions can be left alone – you don't have to do anything. The main problem with bunions is that they lead to functional limitation and an increased risk of falls and balance problems, especially in the elderly.

Diagnosis is made simply through observation although x-rays are useful in surgical planning. Clinical assessment involves ascertaining the exact nature of the patient's symptoms.

Symptoms may be broken down as follows:

- Medial eminence pain [redness over the bunion with or without bursa formation]. This is likely caused through friction between footwear and the bunion
- Sesamoidal pain. Pain is reproducible upon palpation of the fibular or tibial sesamoid and/or its metatarsal articulation
- Intermetatarsal bursitis. Pain is elicited upon compression of the 1st and 2nd metatarsal or direct compression of the Intermetatarsal space
- Pain on range of motion of the 1st metatarso-phalangeal joint, indicating osteoarthritic changes within the joint
- Overload symptoms underneath the forefoot

Conservative Management

- Adjusting footwear to accommodate medial eminence pain
- Orthotic therapy may be helpful in offloading sesamoids and forefoot overload symptoms. Your podiatrist can prescribe produce these for you, if you do not have a podiatrist Dr Lafferty can advise a good podiatrist in your area
- Injection therapy may be a useful treatment in alleviating symptoms associated with Intermetatarsal bursitis

Surgical Management

“Bunion surgery is safe and reliable, and research shows that surgery is the best way to improve health related quality of life in people with this condition”

AIM:

To eliminate pain, restore balance and function and realign the big toe to its normal position

HOW:

A bone cut is made to allow for realignment of the metatarsal bone. Tight soft tissues are released on the inside of the joint and loose soft tissues on the outside of the joint are tightened. A combination of bone and soft tissue procedures allow the big toe to be properly aligned.

A pin is used under the skin to hold the bone in its new position. Occasionally these pins need to be removed although this is rare. This procedure allows for immediate walking after surgery, using a protective shoe.

Minimally invasive surgery, otherwise known as keyhole surgery, can be utilised for bunion surgery, however not all bunions can be corrected in this manner. Every bunion is assessed individually, and the aim is to correct the deformity and achieve long-term results. In some situations, an open procedure is the only way this can be achieved. In this situation the incision is still very small and tissue damage is kept to a minimum.

WHERE:

Bunion surgery, on either one or both feet, is safely and effectively performed at one the facilities Dr Lafferty’s has admitting privileges at.

For further information on how a bunion is fixed, visit damienlafferty.com.au

How is a specialist foot and ankle surgeon different from other surgeons?

As a Specialist foot and ankle surgeon, I do not do anything other than feet and ankles. I solely specialise in foot and ankle surgery. I have successfully cared for thousands of foot and ankle cases since 1997, with most of these procedures being:

- Bunions
- Ingrown toenails
- Hammertoes
- Morton's neuroma
- Ganglion excisions
- Arthritis
- Wart excision

Commonly asked questions about bunion surgery

Please note: The answers to these questions are merely a guide, and do not replace the individual advice given to you by your surgeon

Q: How long will I be off my feet?

A: Bunion surgery allows patients to be on their feet immediately following the procedure. In these instances, patients are expected to wear a protective post-operative shoe over their bandaging in order to protect the surgical site. In the first 3-7 days, patients are expected to rest as much as possible even when they can walk. At your first post-operative review (approximately 7 days following the procedure), I will discuss with you your progress and anticipated recovery, as well as your progression into normal footwear such as runners and flat casual shoe gear. For most patients, a return to normal footwear occurs at 3 to 4 weeks following the procedure although this does vary from patient to patient.

Q: Is foot surgery painful?

A: Pain is very much dependant on the individual; what one considers painful another may not and there is no simple answer to this question. What is known, is that the minimal incision techniques that I use allow for less swelling and a faster recovery for patients. With surgery performed as day stay ambulatory surgery, patients are usually mobile following surgery, which further decreases swelling and pain. Furthermore, exceptional advances in pain medication both during and after surgery aid in a reduction in post-operative pain for patients undergoing foot surgery.

Q: How much will it cost?

A: I have set my fees to be both reasonable and fair for patients.

For exact information on fees, a quotation will be provided at the time of your consultation

Q: When can I drive?

A: Generally speaking, no patient should drive a motor vehicle in the first week following surgery. From then on, it is very much dependant on the type of procedure performed. The average time taken off driving for Mr. Lafferty's patients is 2 to 4 weeks.

Q: When can I fly?

A: Not in the first week following surgery. From this point on, the decision to fly is made on an individual basis for each patient and is very much dependant on the procedure performed and the needs of the patient. Flying too soon following surgery can prolong swelling and may theoretically increase the risk of blood clots in the legs (deep vein thrombosis). Longer flights will need to be discussed with Dr Lafferty and helpful advice will be given to reduce any risks.

Q: When can I go back to work?

A: If you work at a desk and there is minimal time spent on your feet you may expect to return to work as early as one to two weeks following your procedure although you may be required to elevate your operated foot for a period of 15 minutes each hour in order to reduce swelling. However, if your job involves regular walking, lifting or manual labour, your time off will be considerably longer. It is always beneficial, if possible, that you work from home until you are back into normal footwear and able to walk without discomfort. If sick days are available, it is wise to use these in the weeks following your procedure.

Q: Are there any options other than surgery?

A: Yes. Even if conservative treatment (such as orthoses and physiotherapy) has been unsuccessful, you do not have to undergo elective foot surgery. There is always the option to delay surgery or not have surgery performed if you:

- feel the risk outweighs the benefits
- feel the cost outweighs the benefits
- can tolerate your foot problem

- are unable to commit to the post-operative instructions given to you
- cannot take time off work/driving
- have a medical condition that places you at greater risk for complications
- would prefer to try alternative treatments (such as acupuncture)

Q: What are the possible risks of having foot surgery?

A: Elective foot surgery is very safe although there are certain risks that patients must be made aware of, regardless of the rarity with which complications occur. The risks of foot surgery are very similar to those risks posed by having other surgery, such as infection and deep vein thrombosis. There are also risks associated with having certain medicines during and after your surgery, such as the possibility of nausea and vomiting. Risks associated with surgery are explained to the patient during their pre-operative consultation. Absolute care is taken to ensure that consent to undergo surgery is only given once all questions have been answered to the patient's satisfaction and risks have been explained.

What Can You Do About Foot Pain?

The first step in dealing with foot pain is to care for your feet. Your feet are the hardest working part of your body. They carry you wherever you need to go, whenever you need to go there and they do it for years and years. In fact, during your lifetime you will have traveled on your feet the equivalent of three trips around the entire world. You take, on average, 15,000 steps a day and will walk or run well over 75,000 miles in your lifetime. Caring for your precious feet is the best step to avoid pain and is a critical component in eliminating it as well.

Here are some steps you can take to keep your feet healthy and functioning:

First and foremost – do not ignore pain in your feet and ankles. Healthy feet don't have persistent pain or skin that looks unusual. If your pain doesn't subside quickly, please contact me right away. The sooner we can see you and examine your feet, the quicker we can begin to make the corrections needed to get your feet healthy again. So often we see people who have waited a very long time and suffered needlessly –sometimes for years.

Try to develop a habit of always checking your feet. A great time to do this is right after a shower or during a bath. If you start a habit of carefully drying your feet after bathing (pay special attention to the skin between your toes) you can quickly check your feet to see if you notice any changes. If you see nails that look unusual you might be seeing a potential fungus developing. If your skin is broken, cracked or an unusual colour you are noticing abnormalities. Finally, if your foot is changing shape or you observe new growth or bumps over the bone you should make an appointment to see me so we can treat these conditions before they progress and become worse.

If you have DIABETES it is especially important to check your feet regularly. In fact, we recommend that you have someone else help you check your feet, because you may not be able to see or, most importantly, feel problems. Early detection and treatment may avoid potentially serious complications later.

See a podiatrist if you have a problem with your feet. Treating yourself can often cause problems or exacerbate existing problems. If you are diabetic you are at greater risk for foot problems so be sure to make an appointment to see your local podiatrist at least once a year.

What to Do If You Are In Severe Pain?

Pain is our body's way of telling us that something is wrong, and it is usually true that the more severe the pain, the more serious the problem. If you are experiencing severe foot pain, seek treatment from a health care practitioner immediately. You can reach me at: damien@damienlafferty.com.au

For up to date information regarding my service, please visit my website <https://damienlafferty.com.au>.

Final Thoughts

I hope the information in this publication has been helpful. My purpose in sharing it with you is to give you the information you need to take the appropriate actions to care for your feet. I hope it helps you understand the pain you or your loved ones may be experiencing. I know that making an appointment to see a surgeon isn't always the easiest thing to do, but with knowledge and understanding you can see that a specialist foot and ankle surgeon can offer you many treatments that cannot be offered anywhere else, resulting in improved quality of your life.

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