



Bunions (Hallux Abducto Valgus)

Even though bunions are a common foot deformity, there are misconceptions about them. Many people may unnecessarily suffer the pain of bunions for years before seeking treatment.

What is a Bunion?

A bunion (also referred to as hallux valgus or hallux abducto valgus) is often described as a bump on the side of the big toe. But a bunion is more than that. The visible bump actually reflects changes in the bony framework of the front part of the foot. The big toe leans toward the second toe, rather than pointing straight ahead. This throws the bones out of alignment – producing the bunion's "bump."

Bunions are a progressive disorder. They begin with a leaning of the big toe, gradually changing the angle of the bones over the years and slowly producing the characteristic bump, which becomes increasingly prominent. Symptoms usually appear at later stages, although some people never have symptoms.

Causes

Bunions are most often caused by an inherited faulty mechanical structure of the foot. It is not the bunion itself that is inherited, but certain foot types that make a person prone to developing a bunion. Although wearing shoes that crowd the toes won't actually cause bunions, it sometimes makes the deformity get progressively worse. Symptoms may therefore appear sooner.

Symptoms

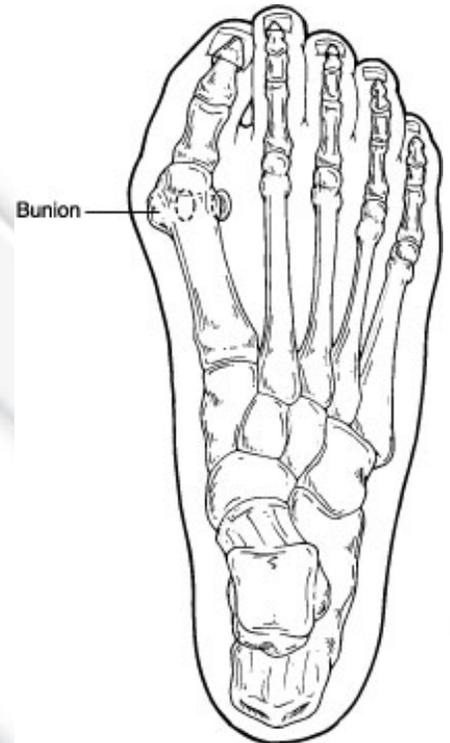
Symptoms, which occur at the site of the bunion, may include:

- Pain or soreness
- Inflammation and redness
- A burning sensation
- Possible numbness

Symptoms occur most often when wearing shoes that crowd the toes, such as shoes with a tight toe box or high heels. This may explain why women are more likely to have symptoms than men. In addition, spending long periods of time on your feet can aggravate the symptoms of bunions.

Diagnosis

Bunions are readily apparent – the prominence is visible at the base of the big toe or side of the foot. However, to fully evaluate the condition, the foot and ankle surgeon may take x-rays to determine the degree of the deformity and assess the changes that have occurred.



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Because bunions are progressive, they don't go away, and will usually get worse over time. But not all cases are alike – some bunions progress more rapidly than others. Once your surgeon has evaluated your bunion, a treatment plan can be developed

that is suited to your needs.

Non-Surgical Treatment

Sometimes observation of the bunion is all that's needed. To reduce the chance of damage to the joint, periodic evaluation and x-rays by your surgeon are advised.

In many other cases, however, some type of treatment is needed. Early treatments are aimed at easing the pain of bunions, but they won't reverse the deformity itself. These include:

- **Changes in footwear.** Wearing the right kind of shoes is very important. Choose shoes that have a wide toe box and forgo those with pointed toes or high heels which may aggravate the condition.
- **Padding.** Pads placed over the area of the bunion can help minimize pain. These can be obtained from your surgeon or purchased at a drug store.
- **Activity modifications.** Avoid activity that causes bunion pain, including standing for long periods of time.
- **Medications.** Oral nonsteroidal anti-inflammatory drugs (NSAIDs), such as ibuprofen, may be recommended to reduce pain and inflammation.
- **Icing.** Applying an ice pack several times a day helps reduce inflammation and pain.
- **Injection therapy.** Although rarely used in bunion treatment, injections of corticosteroids may be useful in treating the inflamed bursa (fluid-filled sac located around a joint) sometimes seen with bunions.
- **Orthotic devices.** In some cases, custom orthotic devices may be provided by the foot and ankle surgeon.
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When Is Surgery Needed?

If non-surgical treatments fail to relieve bunion pain and when the pain of a bunion interferes with daily activities, it's time to discuss surgical options with a foot and ankle surgeon. Together you can decide if surgery is best for you.

A variety of surgical procedures is available to treat bunions. The procedures are designed to remove the "bump" of bone, correct the changes in the bony structure of the foot, and correct soft tissue changes that may also have occurred. The goal of surgery is the reduction of pain.

In selecting the procedure or combination of procedures for your particular case, the foot and ankle surgeon will take into consideration the extent of your deformity based on the x-ray findings, your age, your activity level, and other factors. The length of the recovery period will vary, depending on the procedure or procedures performed.

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Corrective Bunion Surgery

Your doctor has recently diagnosed you with a condition commonly known as a bunion deformity. This condition previously was thought to be a result of improper shoe gear. In actuality, it is a genetic disorder, which can be inherited from either side of your family. Although shoes have not been shown as a cause of the condition, they often can aggravate the condition and produce painful symptoms. Although this disorder often begins in early adolescent years, the majority of patients that exhibit this deformity and symptoms tend to be adults.

A bunion, otherwise known in the medical field as hallux abducto valgus (HAV) deformity, is actually a result of an increase in the space between the first and second metatarsals, which are the long bones in your feet. The first metatarsal deviates towards the midline of the body causing the great toe to drift toward the outside. As a result, a prominence develops on the inside of your foot, which compresses a nerve resulting in the pain you experience with shoes. If left untreated, this area continues to become more prominent and very often in diabetic patients and neurologically impaired patients can result in ulceration and infection.

Another type of deformity affecting the great toe and first metatarsal joint is known as hallux limitus. It is often confused with a bunion deformity and is treated in a similar fashion. It is primarily due to a malposition of the metatarsal in the sagittal plane where the first metatarsal is elevated above its normal position. The result is a secondary jamming and degenerative joint disease.

Conservative treatment includes orthopedic shoes, prescription orthotics, nonsteroidal anti-inflammatories and intra articular injections. Although these are not designed to correct the deformity, very often it will eliminate symptoms for a period of time. When this is no longer providing the intended relief for the deformity and it has further progressed beyond limitations of conservative treatment, corrective surgery may be indicated.

We divide bunion surgery into head procedures and base procedures. The severity of the deformity will dictate the type of procedure performed. Mild to moderate deformities are usually addressed at the metatarsal head where the inside prominence is removed. Next, a V-shape cut in the bone is made to allow us to shift the metatarsal head toward the second metatarsal. Most often, this is fixated with two 2.0 mm screws, which are not much larger than a straight pin.

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If it is severe deformity, the head procedure will be not adequate to address the shift of the metatarsal. In these cases, the surgery is aimed at reducing the separation at the base of the metatarsal. This typically involves removing a pie shape wedge of bone at the joint and fusing the metatarsal to the adjoining cuneiform. This is typically held in place with a screw and staple and requires a different post-operative course.

For the mild to moderate bunion deformity, the patient is routinely kept in a surgical shoe for six weeks. Weight bearing is allowed from the time of surgery, but initially for the first 2-3 days, patients must stay flat on their back with their leg elevated above their heart. This reduces the edema and swelling in the foot and allows for a quicker return to normal shoe wear.

In the fusion or severe type of procedure, patients are not allowed to walk on that foot for 6 weeks. Weight-bearing is allowed from the time of surgery, but initially for a minimum of 2-4 weeks. At the end of this time, the patient is typically placed into a cast, which must be worn for 4-6 weeks, depending on bone density, age and vascularity of the patient. After four weeks, the patient may gradually increase weight-bearing on the foot. Usually at six weeks, the patient can fully weight-bear in the cast without assistance from devices, such as crutches, can or walker. With the more extensive first metatarsal cuneiform fusion surgery, an orthotic will often be recommended for use after a six week post-operative period. The orthotic is an insert that will help provide support to decrease the amount of force placed on the first metatarsal cuneiform joint after it has been fused together. This will be determined by your physician's discretion.

In rare circumstances, correction of the bunion deformity requires replacement of the joint. If this is the only procedure being done, healing is typically faster because there is no bone to heal. A silastic implant is the most common joint replacement.

As a result of recent developments in the types and techniques of procedures incorporated by our practice, we find that the majority of our patients experience little or minimal pain post-operatively. This is in part due to a long-acting anesthetic injected at the time of surgery, which allows for a smooth transition from the I.V. sedation to the home front. Secondly, we also incorporate nonsteroidal anti-inflammatories for suitable candidates in combination with pain medication, if necessary. In the majority of cases, pain can be markedly reduced by elevation of the operative foot after the surgery, along with ice packs routinely given to our nondiabetic patient.

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ANKLE AND FOOT INSTITUTE OF TEXAS

816 Towne Ct., Ste. 100
Saginaw, TX 76179
Ph: (817) 847-8500
Fax: (817) 847-8522

WWW.AAFOOT.COM

The vast majority of our surgeries, unless a medical condition necessitates otherwise, are done on an outpatient basis. Also, unless there is a need for general anesthesia, the normal routine is to provide anesthesia through a regional block with I.V. sedation.

We find that if the patient fulfills their part of the responsibility that it is usually a pleasant and rewarding experience. Please realize that the surgeon is only 50 percent of outcome, with you, the patient, being the other patient. Compliance with post-operative instructions is imperative to successful outcome of your surgery. Please ask the nurses or doctors any questions or concerns that you may have at anytime during the course of your surgery. We strongly urge you to maintain an open line of communication. We will be happy to answer any questions that may arise. We value you as a patient and appreciate you choosing our practice for your foot and surgical needs.

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