

Bunion (hallux valgus deformity) surgery

Bunion surgery is generally reserved for bunions that are severe and impacting on function.

The most frequent surgical procedure used involves a medial incision over the joint. Then the first metatarsal is cut into a Z shape (Scarf osteotomy) using a surgical saw. The first metatarsal is shifted laterally back onto the sesamoids, which also corrects the deformity. The bones are then held together with screws.

The expected outcomes from surgery are:

- Deformity correction
- Improved function
- Reduced pain

After surgery

Our care is specifically tailored to each patient, which allows recognition and modified care for those patients who may progress slower than others.

Our rehabilitation protocols are 'milestone driven' designed to provide rehab guidance for all of our patients. The aim is to limit unnecessary visits to the rooms and help to identify when specialist review is required.

Rehabilitation protocol

Some of the physiotherapy terms may be unfamiliar to you at the moment. They will become clear as you work with your physiotherapist.

Time after surgery	Physiotherapy/support
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Phase I – Initial rehabilitation (0 – 6 weeks)

Goals:

- To be safely and independently mobile with appropriate walking aid and footwear (i.e. heel wedge shoe)
- To be independent with a home exercise program, as appropriate
- To understand self-management and monitoring (e.g. skin sensation, colour, swelling, temperature)

<p>Day 1 – 6 weeks</p>	<p>Restrictions:</p> <ul style="list-style-type: none">• You will be full weight bearing in a heel wedge shoe for the first 4–6 weeks, progression from here will depend on X-ray results• Your consultation may request that you wear a splint to promote hallux alignment <p>Therapy and exercises:</p> <ul style="list-style-type: none">• Inflammation and pain control<ul style="list-style-type: none">o heel wedge shoeo analgesia as neededo using ice and elevating leg (toes above the nose)• Exercises<ul style="list-style-type: none">o circulation exercises and passive range of movement of metatarsal-phalangeal joint (MTPJ) from 2 weeks (note the difference between the motion at MTPJ and inter phalangeal joint)• Education<ul style="list-style-type: none">o you will be taught how to monitor sensation, colour, circulation, temperature, swelling (and advised about what to do if concerned)• Mobility<ul style="list-style-type: none">o your physiotherapist will ensure that you can manage to move around independently, including using stairs if necessary <p>Milestones to progress to next phase:</p>
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	<ul style="list-style-type: none">• Wearing trainers comfortably (1 oversize if necessary) at 6 weeks as per consultant advice• Managing swelling• Wound healing well• Adequate analgesia• Team to refer to outpatient physiotherapy if MTPJ range severely restricted
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Phase II – Recovery rehabilitation

Goals:

- To be returning to normal footwear
- To aim for full range of movement of MTPJ
- Optimise normal movement
- Walking comfortably

6 – 12 weeks	<p>Restrictions:</p> <ul style="list-style-type: none">• No impact exercise (e.g. jogging, aerobics)• Continue to wean into normal footwear <p>Therapy and exercises:</p> <ul style="list-style-type: none">• Inflammation management• Treatments<ul style="list-style-type: none">o pain relief advice and educationo posture advice and educationo gait re-educationo pacing as appropriate• Exercises<ul style="list-style-type: none">o active and passive range of movement of hallux (AROM, PROM)o strengthening exercises of the foot and ankle as appropriateo exercises to teach you to find and encourage appropriate foot and ankle positioning in weight bearingo balance and proprioception work once appropriateo stretches of tight structures as appropriate (e.g. Achilles tendon)o exercises to address any kinetic chain issues as needed• Manual therapy
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	<ul style="list-style-type: none">o soft tissue techniques as appropriate (e.g. scar massage)o joint mobilisations as appropriate particularly MTPJ and mid footo monitor sensation, swelling, colour and temperatureo orthotics if requiredo hydrotherapy if appropriateo pacing advice as appropriate <ul style="list-style-type: none">• Mobility<ul style="list-style-type: none">o your physiotherapist will ensure that you can manage to move around as independently as before surgery <p>Milestones to progress to next phase:</p> <ul style="list-style-type: none">• Full range of movement MTPJ• Mobilising in normal footwear• Tolerating weight bearing through hallux in standing and in gait• Improving toe-off <p>Failure to meet milestones:</p> <ul style="list-style-type: none">• Refer back to surgeon• Continue with outpatient physiotherapy if still progressing
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Phase III – Final rehabilitation

Goals:

- To be independently mobile unaided
- Optimise normal movement
- Return to normal activities

<p>12 weeks – 6 months</p>	<p>Therapy and exercises:</p> <ul style="list-style-type: none">• Treatments<ul style="list-style-type: none">o pain relief advice and educationo posture advice and educationo gait re-educationo pacing as appropriate• Exercises<ul style="list-style-type: none">o active and passive range of movement toes, foot and ankle as appropriateo promotion of independence with self-mobilisations of the MTPJo balance and proprioception work (i.e. use of wobble boards, gym ball, Dyna cushion)o stretches of tight structures as appropriate (e.g. Achilles tendon) if decreased toe-offo exercises to address any kinetic chain issues as neededo sports specific rehabilitation <p>Milestones for discharge:</p> <ul style="list-style-type: none">• Independently mobile unaided• Return to full function
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Failure to progress

If your rehabilitation is not progressing as expected, your physiotherapist may perform or recommend one or more of the following actions.

Possible problem	Action
Foot swelling	<p>Ensure leg is being elevated regularly</p> <p>Use ice as appropriate (if normal skin sensation and no contraindications)</p> <p>Decrease amount of time on feet</p> <p>Use walking aids</p> <p>Circulatory exercise</p> <p>If the swelling decreases overnight, then monitor closely</p> <p>If the swelling doesn't decrease overnight, refer back to surgeon or GP</p>
Swelling of calf	<p>If accompanied by pain, refer urgently to emergency department or surgeon to rule out deep vein thrombosis (DVT)</p>

<p>Pain</p>	<p>Decrease activity</p> <p>Ensure adequate analgesia</p> <p>Elevate regularly</p> <p>Decrease weight bearing and use walking aids as appropriate</p> <p>Modify exercise program as appropriate</p> <p>If persistent, refer back to surgeon</p>
<p>Breakdown of wound (e.g. inflammation, bleeding, infection)</p>	<p>Urgent referral back to surgeon</p>
<p>Suspected re-rupture</p>	<p>Refer back to surgeon</p> <p>Ensure exercises not too advanced</p>
<p>Numbness or altered sensation</p>	<p>Review immediate post-op status if possible</p> <p>Ensure swelling is under control</p> <p>If new onset or increasing, refer urgently back to surgeon</p> <p>If static, monitor closely, but inform surgeon and refer back if the problem worsens or if concerned</p>