Bunionectomy.

GUIDELINES FOR PATIENTS HAVING

BUNIONECTOMY SURGERY.

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**Introduction**

This information booklet has been written to give you and your family a basic understanding of what is involved when you requiring a Bunionectomy.

In this booklet we provide information, including things you should know before and after your operation. It is important for you to understand the advantages but also the possible problems, which may occur after this surgery.

Throughout your stay in the Beacon Hospital, you will receive continuous advice and support from all members of the team.

**What is a Bunionectomy?**

A bunion is a bony growth at the first joint of the great toe. A bunion juts out from the joint and pushes the bones of the great toe out of line. The great toe becomes pushed toward the other toes. Bunions deform the feet and can cause pain or discomfort.

**What causes a bunion?** You may get a bunion from:
Surgery

Surgery to treat bunions is called Bunionectomy. There are several types of bunion removal procedures. Generally, the doctor will cut into the foot near the bunion. The excess growth of bone will be removed. Depending on the degree of deformity, the doctor may need to re-align the bone of the toe. The bones will then no longer slant to the outside. Other revisions may be needed as well such as surgical correction of tendons and ligaments around the big toe which are out of balance.

Improving the angle of the toe and repairing these bones may require a metal pin, screw, or rod to keep the bone in the proper position. Then the incision is closed, and a dressing is applied.

Average Hospital stay is 0-2 days

Manage Your Pain

Pain is a common occurrence following any surgical procedure. It can be well managed with medications, special pain management devices. The pain will naturally reduce as your wound heals and with regular use of analgesics (pain killers). You will need to elevate your foot above the level of your heart as much as you can for the first 48 hours to reduce swelling and pain. It is important to continue to take pain killers when you leave hospital.

You will be asked to rate or score your pain regularly after your surgery. The score will depend on how your pain feels to you.

0= No Pain, 10= worst pain imaginable
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(Please point to the number that best describes your pain)

Assign the number you feel best describes your pain. The nurses will administer appropriate treatments/medications depending on your pain score. The nurse will reassess your pain score after the treatment to make sure it has worked to reduce your pain.

Physiotherapy

You will be seen by the physiotherapist after the surgery and given instructions on your mobilization. You may have either a splint or a cast. Your toes will peep out from the cast and you may have a pin in the affected toes which you will be able to see. Your consultant will decide on how much you can weight bear on the affected leg. The physiotherapist will instruct you the use of crutches or a zimmer frame depending on ability. They will also advise you to carry out some gentle mobilising exercises for your lower limb to prevent stiffness. You should ensure that you have adequate pain medication prior to seeing the physiotherapist. Please discuss any pain you might be experiencing with the nursing staff and ensure that you keep your pain under control.

Exercise Program

The following exercises start as soon as you are able. You may feel uncomfortable at first, but these exercises will speed your recovery. Additional exercises permitted by your consultant will be provided by your physiotherapist when applicable.

**Frequency:** You will need to exercise at least **three times** a day to ensure you reach your rehabilitation goals

1)) Quadriceps Setting.

- With your leg straight out in front of you, tighten the muscles at the front of your thigh, pushing the back of your knee down into the bed.
- The result should be straightening of the knee. Hold the contraction for 5 seconds. Repeat 15 times

2) Knee and Hip Flexion

- Lie on you back with your legs straight
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- Slowly bend your knee by sliding your foot up towards your buttocks as far as you can.
- Hold for count of 5
- Relax and repeat 10 times

5. Side lying Abduction
- Lying on your side with operated leg on top
- Straighten knee and lift leg towards the ceiling
- Repeat 10 times

4. Straight Leg Raise
- Tighten the muscles at the top of your leg
- Keeping your operated leg straight, raise the leg about 6 to 10 inches off the bed.
- Hold for 5 seconds.
- Lower the leg slowly to the bed and repeat 10 times.

Your Rehabilitation Goals

- Independent getting in and out of bed.
- Independent in walking with crutches or walker on a level surface.
- Independent walking up and down stairs.
- Independent with exercise program provided.
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### Stairs Technique

#### Going up-stairs
- Maintain crutches/walking stick on the step below.
- Lead with the un-operated leg up onto the step above.
- Take your weight onto the un-operated leg by pushing on crutches/walking stick and banister.
- Follow with the crutch/walking stick onto the same step.

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#### Going Downstairs
- Put crutch/walking stick down onto the step below.
- Follow with the operated leg.
- Take weight onto the operated leg using the crutches and banister for support.
- Follow with the un-operated leg onto the same step.

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### General Recommendations

#### Sleeping
While in hospital some patients find it harder to sleep for various reasons, i.e. different bed and environment. If you find that you are having this problem please let the nursing staff know as you may require something to help you sleep.
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**Nausea**

Some of the medications you can be prescribed can cause nausea. Please inform the nursing staff if you feel sick or are getting sick as your medications may need to be changed/adjusted and the nursing staff can also get a medication prescribed to help relieve this nausea.

**Driving**

In order to be safe driving a motor vehicle, you must be in control of the pedals effectively. It is recommended that you do not drive a motor vehicle until you have complete control over your leg. This does not normally occur until at least 6 weeks after your surgery. Your surgeon will let you know when it is safe to drive.

**Travel**

Prolonged periods of sitting on airlines may predispose to leg swelling and deep venous thrombosis, and it is recommended that you avoid this until 6 weeks after your surgery. Your surgeon will advise when it is safe to travel.

**Activities**

During the first 4 weeks after your surgery, we recommend limiting your activities to walking. We recommend that you refrain from more strenuous activities for 4-6 weeks until you revisit your consultant and receive permission.

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**General Safety Advice for Home:**

Please be aware of the hazards in your home as this will make your recovery easier and safer.

- Move electrical cords, phone lines and ensure clear pathways.
- Store items within easy reach specifically in the kitchen and bathroom areas.
- Remove rugs including bath mats and entrance mats.
- Be careful with pets and young children.
- Be aware of water spills, slipper floors and always think before you move.

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**Discharge Instructions**

You will be discharged from hospital 0-2 days after your operation. When you leave the hospital you will be asked to make an appointment to see your consultant, usually 2 weeks after the operation. This is for a routine check-up which will make sure you are progressing satisfactorily and x-rays will be taken. On discharge from hospital, your consultant will prescribe you some medications. One of the medications prescribed will be pain medications. Plan to take your pain medication on a regular basis. Preventing pain is easier than chasing pain. If pain control continues to be a problem, contact the orthopaedic centre or your general practitioner.
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**Wound Care**
You will leave the hospital with a simple surgical wound.

Infection may occur despite your very best efforts. If any of the symptoms below occur then you will need to see your GP or liaise with the centre for orthopaedics re advice and possibly antibiotics.

**Signs of Infection**
If you develop any of the following signs of infection, it is important to report them to your doctor. The signs of infection include:

- Redness around the wound site
- Increased pain in the wound
- Swelling around the wound
- Heat at the wound site
- Discharge of fluid – may be green or yellow
- Odour or smell from the wound
- Feeling of being generally unwell
- Fever or temperature

Most people will have sutures that will need to remove approximately 10-14 days after surgery. This may be done by the GP, Dressing clinic, consultant or in the convalescence centre.

**Potential Complications post Bunionectomy.**

**Incidence**

**THE MAJORITY OF PATIENTS WHO UNDERGO A BUNIONECTOMY HAVE A PLEASANT EXPERIENCE WITHOUT ANY COMPLICATIONS. FOR INFORMED CONSENT IT IS IMPORTANT THAT YOU KNOW OF THESE PROBLEMS BUT PLEASE BE REASSURED THAT THE VAST MAJORITY OF PATIENTS SUFFER NO COMPLICATIONS.**

**Infection**
The major potential of surgery is infection. It may occur just in the area of the wound. It may occur during the hospital stay or after you go home. Infections in the wound area are generally treated with antibiotics.

**Bleeding**
Bleeding may occur post surgery, but a large amount of bleeding is rare. It is quiet common for small amounts of bleeding to occur and you may notice this on your dressing or plaster.

**Incorrect alignment**
The toe may be misaligned or too short, the surgeon will talk you through these problems pre surgery.

**Recurrence**
The bunion may reoccur.
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Deep Venous Thrombosis & Pulmonary Embolism
There is a risk of deep venous thrombosis (DVT) after any surgery, but very rare following bunionectomy. This is a clot that may occur in the deep veins of your leg; it can cause pain and swelling in the calf area. Should you experience this you should seek medical help immediately. A pulmonary embolism is a clot that lodges in the lungs causing chest pain and shortness of breath, you need medical help if these symptoms occur.

STROKE OR SUDDEN DEATH

Although these complications can occur following surgery they are extremely rare following a bunionectomy.

**Conclusion**

We hope that you have found this booklet useful and that it has helped to relieve some of your fears and anxieties regarding your surgery. During your hospital stay, your medical team will be available to answer any other queries you may have.

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<tr>
<th>Individual Patient Notes:</th>
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<tbody>
<tr>
<td>Consultant Name: ________________________________</td>
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<tr>
<td>Date of Surgery: ________________________________</td>
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<tr>
<td>Surgery Note: ________________________________</td>
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<tr>
<td>Weight Bearing Status: ________________________________</td>
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<tr>
<td>Walking Device: ________________________________</td>
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This Patient Education leaflet was developed by the Chartered Physiotherapists in Beacon Hospital. © Beacon Hospital