

HALLUX VALGUS (BUNION) - POSTOPERATIVE INSTRUCTIONS

The hallux is the scientific name for the big toe. Hallux valgus is a condition in which the big toe migrates laterally toward the lesser toes. A bunion is a bump that forms at the base of the big toe. It happens when bones in the front part of your foot move out of place. Genetic factors as well as wearing high heels and pointed shoes are involved in the development of the deformity. Surgery may be indicated if your quality of life is affected by pain and/or limited foot function.

SURGICAL PROCEDURE

Surgery aims to improve the pain and function of the foot. Most of the surgeries are outpatient procedures, meaning you can go home the same day as the surgery.

The surgery is not intended for a cosmetic result, but rather to reduce pain and improve foot function.

The surgeon will decide the type of operation based on your case. Several different techniques can be performed. The surgery involves soft tissue and bone procedures. It may be needed an osteotomy (bone cut) and/or an arthrodesis (joint fusion) to promote realignment of the big toe and implant materials like metal plates, screws and wires can be used. It usually takes 1 to 2 hours.

In some cases, the procedure can also be performed using the minimally invasive surgery technique. Small incisions are made instead of traditional incisions, with less soft tissue damage.

One of the most commonly performed procedures is the **Lapidus** procedure. Surgery involves realigning the 1st metatarsal bone through a joint fusion in the arch of the foot and removing the bump at the big toe.

The surgical procedure is done under regional anesthesia. You may receive a nerve block and light sedation. This will be decided between you and the anesthesiologist before surgery.

RECOVERY - LAPIDUS PROCEDURE

Most patients who have surgery for a bunion experience significant pain relief and are better able to participate in everyday activities. After 6 to 12 weeks, you will start to regain foot function. Patients usually return to their usual activities 4 to 6 months after surgery, though swelling and stiffness may last for some time beyond this.

POSTOPERATIVE CARE - LAPIDUS JOINT FUSION

HOSPITAL STAY

After the procedure you will be taken to the recovery area. The nerve block will still be working so your foot will be numb (more information in following sections). You will notice a large dressing over the foot, and you will be wearing a walker/fracture boot. Medical staff will monitor your vital signs, pain level, and the need for medications. You may be given antibiotics and pain medication. It also may be prescribed medicine to prevent blood clots.

Most patients will be ready for discharge a few hours after the operation.

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AT HOME: ACTIVITY/ SELF-CARE

- You will be heel weight bearing and you are encouraged to use an assistive device such as a walker, crutches, wheelchair or knee scooter.
- You should only walk short distances, such as going to the bathroom and back to your bedroom or living room for the first 2 weeks after surgery.
- You will be wearing a short walker/fracture boot for the first 6-8 weeks for any walking or standing.
- It's okay to remove the boot to take a shower and mobilize the ankle, and while you are at rest or in bed.
- Your foot and ankle may be swollen after surgery. You are strongly encouraged to elevate and move your foot and ankle several times a day to reduce swelling.
- When lying down, elevation is achieved by placing pillows under the entire lower limb from the heel to the thigh. The heel should be higher than the knee and the knee higher than the hip.
- Getting dressed - first, put clothes on the operative side.
- Undressing - first, remove clothes from the non-operative side.

PAIN MANAGEMENT

- Medication, limb elevation, ice therapy and rest are essential in pain management.
- The usual regimen we use is a combination of acetaminophen and narcotics.
- Taking your pain medicine as prescribed by your surgeon regularly will help you manage your pain more effectively, even if you are in mild pain.
- Strong painkiller (hydromorphone, codeine, oxycodone, etc) has been prescribed, so don't wait until the pain is severe. Use strictly as prescribed by your doctor. Do not take an extra dose.
- In case of remaining pills, you should return them to the pharmacy. If it is not possible to do that, it is recommended to take medications out of the container, mix them with unpalatable substances, such as used coffee grounds, dirt or kitty litter, sealing in a plastic bag, and throwing in the trash.
- **IF HAVING A NERVE BLOCK: it is important to start taking regular pain medication before the nerve block wears off (see the Nerve Block HANDOUT for more information).**

WEIGHT BEARING

- After the surgical procedure you will be heel weight-bearing as tolerated for approximately 6 weeks and you may use a walking device (crutches, walker, wheelchair, knee scooter) for your comfort.
- Avoid long-distance walking for the first 2 weeks, even if you think you can do it without pain.

WOUND CARE/ SHOWER

- If a splint (or boot) was applied, it should remain in place until your follow-up appointment at Footbridge Clinic.
- You can shower, but you must keep your splint dry and covered. You may place a large plastic bag over the leg and secure it with tape. You may also purchase a waterproof leg cast cover.
- If non-absorbable sutures or staples are used, they will be removed at the 2-week postoperative visit.

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COLD THERAPY (ICE THERAPY)

- **DO NOT** use cold therapy if your nerve block is still in effect. You should wait until your function and normal sensation have returned (**IF HAVING A NERVE BLOCK**).
- You could apply ice for up to 15-20 minutes, remove it for an hour and repeat the application 6 to 8 times a day, always with one-hour intervals. Remember that you must put a thin towel between the ice/ice pack and your skin.
- If you are using a CRYO THERAPY UNIT please follow the manufacturer's directions.
- **DO NOT SLEEP WITH ICE.**

PHYSIOTHERAPY

The goals of physiotherapy are:

- Gait instruction with the use of the walking aid.
- Helping you return to the hobbies and activities that you enjoy.
- Gait training to ensure safety and to normalize pattern as weight bearing is allowed.
- Maintain range of motion of foot and ankle.
- Strengthen leg and thigh muscles.

Our **Physiotherapists** at **Footbridge** work closely with your **Surgeon** and are very familiar with the post-op rehabilitation process. Typically, formal Physiotherapy will begin after your first postoperative visit; if you'd like to do your **Physiotherapy at Footbridge** it can be booked at that time.

There is often benefit to doing one or two **preoperative Physiotherapy sessions** to prepare for your surgery; if you'd like to schedule an appointment you can do so online or by calling **Footbridge**.

NERVE BLOCK

- A nerve block can last anywhere from a few hours to over 36 hours, but usually this is between 12-24hours.
- Once the nerve block begins to wear off the weakness starts to improve and you may experience pain or a tingling sensation. At that time consider taking your pain medicine. Do not wait until the pain gets strong to take the medication.
- If you still feel numb at bedtime on the night of surgery, your nerve block could wear off in the middle of the night. It is recommended to take your pain medication before going to sleep, even if you have no pain or discomfort, so that you won't wake up in severe pain.
- **Do not use cold therapy if your nerve block is still in effect. You should wait until your function and normal sensation have returned.**

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DRIVING

- You should not drive until you have normal function of the foot/ankle and you are cleared by your doctor.
- Avoid driving if you still need to wear a walking boot.

BLOOD THINNERS

- During your hospital stay may be given to you oral or injectable blood thinners but you may not need them after hospital discharge. Follow your doctor's prescription.

RISKS and COMPLICATIONS

Despite having a high success rate, complications can occur. Some complications may require follow-up operations.

- Risks associated with anesthesia
- Non-union (failure of the bones to heal together)
- Infection
- Failure to relieve pain
- Wound-healing problems
- Permanent numbness
- Bunion recurrence (coming back)
- Stiffness in neighboring joints
- Nerve, blood vessel damage
- Other: depending on your medical condition

It is common to have swelling and bruising around the wounds. The bruising changes colour over time from red to yellow or green.

Contact Footbridge Wound Care Resource line: 778-945-6756, Ext 8 if:

- Pain on your CALF, BACK OF KNEE, THIGH or GROIN.
- Increased swelling on the operated thigh, knee or leg.
- Body temperature above 38 Celsius/101 Fahrenheit.
- Increased warmth, redness, and swelling around the wound.
- Increased fluid leaking from the wound.

CALL 911 if:

- You have trouble breathing.
- You have chest pain.
- Anyone noticed that you lost consciousness.