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Scarf / Akin surgery for bunion correction

Introduction

This leaflet will explain what will happen when you come to the hospital for an operation to correct a bunion.

Why do I need this surgery?

The bunion (Hallux valgus) deformity is probably the most common foot deformity. The deformity leads to a prominent bunion joint and big toe that shifts towards the second toe. This disrupts the mechanics of the foot and leads to abnormal weight bearing function. Pain is usually felt over the bunion and within the joint itself. Often the second toe becomes painful and deformed as a result of pressure from the big toe.

What causes bunions?

There are many causes of a bunion deformity. In some people it is associated with a relatively flat mobile foot and in others it could be due to the shape of the foot or an imbalance in the local muscles. It is probably due to a combination of inherited abnormal foot mechanics and footwear. Women suffer more often than men because of the shoes worn but not all bunions are because of narrow shoes. The pain is normally because the prominent joint rubs on the shoe and also because the big toe is no longer straight. When a bunion deformity occurs the joint doesn't take its share of weight and commonly (but not always) adjacent parts of the foot become painful.

What are the treatment options?

Non-surgical treatments, such as painkillers, bunion pads and suitable orthotics/footwear can ease the pain and discomfort caused by a bunion, but they can't change the shape of your foot or prevent a bunion from getting worse over time, so surgery is usually recommended when the condition starts affecting your day to day activities.

There are many different types of bunion operations but the operation of choice required for moderate bunion deformity is called a Scarf / Akin procedure. This involves surgical correction to both the first metatarsal (the bone behind the big toe) and the big toe. The

bones are realigned into a corrected position and held in place with screws and wires. This means that you should not need a plaster cast after surgery and there is usually no need for crutches.

What does surgery involve?

On the day of surgery you will be admitted to the ward and one of the nursing staff will check you in, take your blood pressure and any other tests that may be required. Your surgeon will remind you of the surgical process and possible complications and will ask you to sign a consent form.

The operation is under local anaesthetic (you are awake but the foot will be numbed via a series of injections either around the ankle or an injection in the back of your knee, which most patients find comfortable) so you can have a light snack before the procedure. At some point during the morning/afternoon you will be escorted to theatre.

Surgery reduces the bunion deformity and realigns the big toe. The joint is accessed via an incision along the side of the bunion joint and the operation involves cutting and realigning the big toe and metatarsal bone and fixing them with small screws or wires. This gives a stable joint that generally heals quickly and puts the joint back into a corrected position to allow more normal function. The wound will be closed with non-dissolvable stitches. The operation takes about 35-45 minutes. You will have bandages applied to the foot and will be supplied with a post operative boot.

After the operation you will be taken back to the ward and given a drink and something to eat. You will be advised on pain relief and once ready you will be discharged from the day surgery unit. You will be given a post-operative boot to wear and should not remove this until instructed.

You should not drive after foot surgery and should be accompanied home by a responsible adult.

You will be advised of your follow up appointment date, either on the day or by letter in the post.

How will I feel afterwards?

Although long-acting local anaesthetic, administered during the procedure, should control most of the pain for about 8 to 10 hours, you can expect some pain or discomfort after the operation. Painkillers will be discussed with you prior to your operation and you should bring these with you on the day of surgery.

Recovering from surgery

The first 2 days

Restrict your activity to going to the toilet only. You will be able to stand and take weight on your heel. Bend your knee and ankle periodically to stimulate circulation. Most people are able to stop taking their painkillers after 48 hours. Do not leave the house, drive or get the

foot wet.

2-7 days

You should aim to be moving around for 15-20 minutes in each hour (not in one go) resting with your foot elevated for the remaining 40 minutes. Do not go out of the house, drive or get your foot wet.

At 7 days

Your foot will be examined in the outpatient clinic and your dressings will be changed. We may advise you to increase your activity but you should still stay in your house, do not drive and keep your foot dry. Keep wearing your post-operative boot.

At 14 days

At the second post-operative appointment you will probably have the stitches taken out. This is normally painless. You will be advised to gradually increase your activity and gently exercise your big toe. You may wash and bathe normally and apply moisturising cream to improve your skin condition. You will be shown how to reapply a bandage, which you should do daily for the next two weeks; this can be removed at night. You should apply ice compresses to reduce swelling but keep the post-operative boot on during the day.

At 4 weeks

Your foot will gradually return to normal and the swelling will reduce. You may continue applying ice compresses to your foot several times each day to reduce swelling. You may now stop wearing the post-operative boot and change to wearing your widest shoes, i.e. trainers. If you drive, you may do so when you can walk comfortably. If you don't think you are fit to drive at this stage, don't!

At 8 weeks

You should be walking more normally now although you will probably still have some mild discomfort and swelling. You will be seen in the outpatient clinic for a check up and your foot is usually x-rayed and examined.

At 12 weeks

You will be walking much more normally at this stage. Continue regular ice packs to reduce any remaining swelling. Gradually, you will recover strength, flexibility and mobility in your foot and should be experiencing the full benefit of podiatric surgery.

What are the possible risks and complications?

No surgery can guarantee to be successful but the vast majority of people are satisfied with the outcome of their surgery. This information tells you about the more common complications relating to foot surgery in general and more specifically to this type of operation.

General complications of foot surgery

- Pain. There will be post-operative pain. For most people the pain passes after 24-48 hours and is tolerable with regular painkillers (following dosage recommendations).

- Swelling. This is a normal outcome of any operation. The extent of post-operative swelling varies and cannot be predicted. In some people the swelling reduces within a matter of weeks and in others could take many months. Application of an ice pack greatly reduces the swelling.
- Infection. There is a small risk of infection with all surgery. This would be treated with relevant antibiotics. Look out for redness and discharge from the wound.
- Deep Vein Thrombosis. Also known as Venous Thromboembolism (VTE), this is a rare complication of foot surgery under local anaesthetic. The risk increases if you are having a general anaesthetic. There is also an increased risk if you take the contraceptive pill, HRT or smoke. Immobilising the leg in a cast also increases the risk of a DVT. If you have had a DVT in the past, please tell your surgeon. If you do have certain risk factors you will have an injection to thin your blood on the day of surgery. This might need to be repeated for up to 7 days following surgery.
- Complex Regional Pain Syndrome (CRPS). This is a rare but difficult complication. This is an abnormal response of the nervous system to surgery but can happen after simple trauma. This can lead to a variety of painful sensations in the foot, which require medical and pain relieving techniques.
- Scarring: As a result of your surgery you will have a scar on your foot. To begin with the scar will be raised, red and sensitive but with time it will usually settle.

Specific complications of bunion correction surgery

- You may lose some sensation around the operation site.
- Sometimes the scar is sore and more noticeable than normal. This should get better with time.
- The joint can become stiff and lose some movement. This will improve with time.
- The deformity can recur. This generally occurs over many years, but in rare exceptions, can occur within months.
- Normally the pins or screws used to hold your bones in the correct position can be left in place. However, in about 6-8% of people they cause some irritation and need to be removed. This is a much smaller operation than the bunion correction. Once the bones have healed the screws are no longer required.
- Shortening of the big toe can occur, but is rarely a problem.
- The bones can fail to heal together. This is rare and sometimes requires immobilisation of your foot in a cast, or more surgery.
- Correction of the bunion joint pain and subsequent reduction in pain can sometimes highlight other foot problems that you were not previously aware of.
- Occasionally, other foot joints can become painful as a result of bunion surgery.
- Correcting the bunion joint can sometimes lead to transfer of pressure and load to adjacent joints. This can lead to discomfort and callus formation. In this situation

insoles or further surgery may be required. Fortunately, the need for further surgery is a rare occurrence.

Useful numbers

Baddow Hospital	01245 474070
Baddow Emergency Contact Nurse	07591 977965
Queen Anne Street Medical Centre	020 7034 3301

Any concerns you may have during the first 24 hours following your discharge from hospital please telephone the ward you were on. After 24 hours please seek advice from your GP.