Sharp Podiatric
MEDICINE + SURGERY
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WHAT CAUSES BUNIONS?

Bunion formation runs in families, so if a parent or other relative has a bunion, you have a higher risk of also developing a bunion. Bunions can be irritated by purchasing ill-fitting shoes. Wearing high-heeled shoes put unwanted pressure on the joints of the forefoot, which can result in painful bunions. Bunions may be caused by a congenital anatomical deformity, flatfeet, a tight Achilles tendon, polio, or rheumatoid arthritis. Even if you develop a bunion, it may not progress to a point where it needs surgical correction. Non symptomatic bunions can be managed by appropriate shoe wear.

WHEN CHOOSING SHOES, FOLLOW THESE TIPS:

1. Judge the shoe by how it fits and feels on your foot, not by the size marked on the shoe or the box.
2. Measure your feet regularly as you grow older. Foot size changes with age.
3. Try on shoes late in the day when your feet are at their largest.
4. Do not wear shoes that feel too tight.
5. Do not expect them to stretch.
6. Make sure your heel fits comfortably in the shoe with minimum slippage.
7. Walk around in the shoe to make sure it fits well.

DIAGNOSING BUNIONS:

Diagnosis of bunions is based on physical examination, a complete history of your symptoms, and diagnostic studies. Diagnostic studies help the podiatrist to determine the precise nature of the deformity. He or she can determine the extent of the problem with the big toe and how much the second toe is involved. Your podiatrist will assess your standing and walking to determine whether or not your gait is affected. Your range of motion will be tested as well, and a vascular and neurological assessment will also be made prior to treatment.

CONSERVATIVE TREATMENT OF BUNIONS:

Before surgical correction of bunions is undertaken, the podiatrist may treat your bunion with conservative measures.

CONSERVATIVE TREATMENT MODALITIES INCLUDE:

1. Activity modification, rest, and elevation of the affected foot.
2. Changing to footwear that puts less pressure on the tender area.
3. Soaking the foot in warm water.
4. Anti-inflammatory medications.
5. Steroid injection into the area surrounding the affected foot.
6. Orthotic devices.
7. Using cushions padding in the shoes.
8. Taping the foot to retain normal positioning.
9. Physical therapy, including ultrasound therapy or whirlpool baths.

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SURGICAL CORRECTION OF BUNIONS:

If non surgical treatment is not successful, your podiatrist may suggest surgery. Study shows that 85% to 90% of patients who have bunion surgery are satisfied with the results. The goal of bunion surgery is now to improve the cosmetic look of your foot. The goal of surgery is to relieve your pain and correct your foot deformity.

If your bunion causes foot pain that restricts your everyday activity, you may benefit from bunion surgery. Other indications for surgical correction include chronic inflammation that does not improve with rest or medication.

PREPARATION FOR SURGERY:

If you decide to have bunion surgery, your podiatrist or your personal physician will assess your general health. If you have a chronic illness, you may need preoperative clearance from your treating physician. Conditions such as diabetes, rheumatoid arthritis, or circulatory difficulties could negatively impact your healing and could increase postoperative pain.

Be sure to tell your podiatrist what medications you are taking regularly, including herbal or natural remedies. Follow your podiatrist instructions on which medications you should or should not stop taking before surgery.

You may or may not be required to have blood test, cardiac testing, chest x-ray, or urinalysis in addition to your foot x-rays or other imaging studies. You may need to get clearance from your personal physician.

THE USUAL SURGICAL OUTCOME:

Most patients have a significant decrease in pain after surgery and greatly improved alignment of the big toe. Your outcome will depend on how severe your bunion deformity was before surgery, your medical condition, your age, and your compliance with postoperative instructions. In general, there may be some degrees of swelling of the foot for 3 to 6 months following surgery.

Your podiatrist will follow you closely during this postoperative period and recommend exercises or physical therapy to improve foot strength and range of motion. Depending on the extent of your condition, you may expect a recovery period of at least 6 to 8 weeks or longer. During that time, you may be required to wear a special shoe, boot, or even a cast to provide stability to the foot. Your doctor will tell you when you can walk on your foot again.

RISKS OF BUNION SURGERY AND POTENTIAL COMPLICATIONS:

Even the most minor surgical procedure has a degree of risk. Your podiatrist will go over the most common problems that have occurred after bunion surgery. These include infection, reoccurrence of the pain, nerve damage (which could be chronic), reoccurrence of the bunion, poor healing, bleeding, scarring, blood clots, or allergic reaction. Most complications are treatable, but may increase your recovery time. Although it is rare, you could experience stroke, heart attack, loss of limb, or death.

Your podiatrist will go over all these possibilities with you, so you have a full picture of what to expect. After he has described these potential risks for you, you will be asked to sign a form called an informed consent. Be sure to ask questions with you are uncertain about what you are being told, and make sure your questions are answered to your satisfaction. Your signature on this form indicates that your questions have been answered and you have been informed of the risks and potential complications of bunion surgery.

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TYPES OF BUNION SURGERY:

Your podiatrist will determine which type of surgical procedure is right for you. There are many different types of surgical procedures for treating bunions, many of which are named after the doctor who developed them. The examples of these are Keller bunionectomy, McBride technique, and Austin osteotomy. Ask your doctor to explain the type of procedure he or she feels is best for you.

Many bunion surgical procedures are done as outpatients. You will be asked to arrive at the outpatient facility 1 to 2 hours before the surgery, and can usually go home an hour or 2 after the surgery. The procedure itself will take about one hour.

The type of anesthesia used will depend on the type of surgery done, your condition, and the anticipated length of the surgery. Most bunionectomies are done with a local anesthetic to numb the area. In some cases, you may have general anesthesia. After surgery, you will go to the recovery room. You will have one or more scars after the surgery depending on the type of the surgery performed.

POSTOPERATIVE RECOVERY:

It is important that you follow your podiatrist instructions completely following the surgery. You will be following up with visits to your podiatrist regularly for several months after your surgery.
You should call the office immediately if you notice any of the following:

1. Fever of 101 degrees Fahrenheit or higher and/or chills.
2. Persistent, uncomfortable warmth or redness around the dressing.
3. Persistent or unbearable pain.
4. Bloody discharge.
5. Nausea and/or vomiting.
6. Pain, redness, or swelling in one or both legs.
7. Feeling anxious.
8. Chest pain, shortness of breath, or coughing.

You will be sent home after surgery with the dressing to hold your toe in the realigned position. You may or may not receive a special surgical shoe or boot to wear for a specified time. You should notify your podiatrist if your dressing comes off or gets wet, or if you notice blood or other drainage on it. It is very important to leave the dressing in place and not to get them wet or dirty. If you have difficulty with your dressings, call your podiatrist.

POSTOPERATIVE OFFICE VISITS:

Ordinarily, you will see your podiatrist 3 or 4 days after surgery for a dressing change and postoperative x-rays may be taken at that time. About 2 weeks after surgery, your podiatrist will remove the stitches. Once the stitches are removed, you may be able to bathe normally. Be sure to ask your doctor for instructions.

Your doctor will let you know when you can start to wear shoes and the best type for you. You should continue to faithfully do the exercises your podiatrist has given you. Apply skin emollients, such as aloe vera or vitamin E around your healing wound as directed. Your doctor will instruct you on when you can walk, drive, and resume other activities.

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The postoperative course varies for individuals. For some patients, swelling may last longer and healing may take more than anticipated. You should try to keep your foot elevated as much as possible immediately after the surgery. Your doctor may instruct you to apply ice to your foot. If so, ask him or her to provide you with specific instructions on how to do this. You could experience some swelling in your foot for several months following the surgery. Contact your doctor if you have any questions about your swelling.

EXCERISE:

Be sure to engage in exercises your podiatrist recommends. These exercises will help to restore your range of motion and foot strength. Do not engage in any strenuous or weight bearing exercises that are not recommended by your doctor.

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