

HALLUX VALGUS CORRECTION (Scarf/Akin Osteotomy)

A bunion is the prominence at the base of your big toe. Often the big toe deviates towards the lesser toes. It is caused by abnormal bone alignment, called Hallux Valgus. The time to consider surgery is when there is pain and/or difficulty fitting shoes and all other treatments have failed.

The Surgery:

You will have a general anaesthetic and local anaesthetic. An incision is made over the bunion. The bones are cut, re-aligned and fixed in place again with small screws. The ligaments often also need to be re-balanced, through a separate smaller incision in the first webpace. Alignment is checked with an Xray before the wounds are sutured and a dressing is applied.

Post-Operatively:

You can walk on the foot with a surgical shoe as soon as you are awake. Crutches are optional. You will need to keep the foot elevated as often as possible, this is to control swelling and pain. You may need to take medication to control pain. You should keep the bandages dry and clean until your first post-operative clinic visit.

Activity	Timeframe (approximate)
Walk with surgical shoe/sandal	6 wks
Walking in wide/deep shoes	6 wks– 3 mts
Most activities and shoes	3 – 6 mts
Full Recovery	Up to 12 mts

Type of Work	Time off
Sitting	2 weeks
Standing	4 weeks
Driving (right foot)	6 weeks
Lifting	8 weeks

Risks of surgery

All surgical procedures carry some risk. The risk of complications with hallux valgus correction is low. Most patients benefit from the surgery, however, unfortunately a small number of patients can be made worse. You should weigh up the benefits with the risks prior to electing to have surgery.

This is a list of the most common problems that may occur:

- Stiffness – reduced range of movement of the metatarsophalangeal joint (this is expected)
- Swelling – is normal and improves with time, but can occasionally persist past 6 months
- Wound healing problems – increased if smoking, diabetes, poor circulation
- Nerve injury – resulting in numbness or pins and needles, occasionally pain
- Bleeding – usually just visible through the dressing, may need early dressing change
- Infection – minimised with antibiotics, elevation, keeping the dressing clean and dry
- Pain – that may require strong medication (usually Paracetamol is adequate)

These are quite rare complications, but they can and do happen:

- Over-correction – this is rare but may require further surgery to correct
- Recurrence – is generally rare but it does happen over time
- Degeneration of the joint – or osteoarthritis, although usually it is not symptomatic (painful)
- Problems with fixation - loss of fixation, fracture, symptomatic hardware, non-union
- Failure to relieve pain or transfer of pain to another part of foot
- Complex regional pain syndrome (CRPS) – nerve pain syndrome, risk reduced with Vitamin C 500mg daily for 40 days
- DVT – clot in the deep veins of the leg (increased if smoking, contraceptive pill, hormone replacement or previous history)
- Anaesthetic complications – more likely if there are pre-existing medical disorders