

# Having surgery to remove a bunion from your foot

Department of Podiatric Surgery

Information for Patients

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## What is a bunion?

Bunions are bony bumps that form on the side of the big toe. The big toe leans over making the knuckle joint stand out. Shoes may rub and make the joint feel sore. Sometimes even wide shoes can irritate the joint especially if you have arthritis. Bunions are often more complicated than a simple bump on the side of the toe. They may involve the ball of the foot with painful calluses and misshapen smaller toes. Bunions tend to be more common in women, people with very flexible joints and often run in families. Tight shoes may make your foot worse.

## Do I need to have surgery?

The following simple measures below may help with bunion pain. If these do not help, having surgery may help. Surgery will not give you an entirely normal foot. If your bunion does not hurt and you do not have any problems with shoes fitting, there is no need for surgery.

- Footwear - wearing soft, wide and well-fitting shoes or made to measure shoes
- Podiatry - to look at the way you walk and see if a change in footwear or using padding around the bump or an insole may ease your pain.
- Painkillers

## How can having surgery help?

Having surgery should reduce the pain or stop it completely. The toe/s should be straighter, work better and your foot should be narrower. You should feel more comfortable when wearing shoes.

**Health information and support is available at [www.nhs.uk](http://www.nhs.uk)  
or call 111 for non-emergency medical advice**

Visit [www.leicestershospitals.nhs.uk](http://www.leicestershospitals.nhs.uk) for maps and information about visiting Leicester's Hospitals  
To give feedback about this information sheet, contact [InformationForPatients@uhl-tr.nhs.uk](mailto:InformationForPatients@uhl-tr.nhs.uk)

You should think about surgery only if

- the pain is too much or ongoing and is affecting your life.
- you are not able to wear shoes or
- you are getting sores from your shoes rubbing.

Do not have surgery for cosmetic reasons.

## What will the surgery involve?

There are many ways to treat a bunion deformity. This depends on the where the pain is, how flexible your toe is and your general health. The surgery team will talk to you about which is the best option for you. Surgery usually involves breaking and resetting the toe bones. These are then held in place with a buried wire or screw. The foot will be heavily bandaged for a few weeks after surgery. This is to protect the wound and control any swelling and bleeding.

## Will I be awake during surgery?

Most surgeries are done under local anaesthetic. This means you will be awake during surgery. You will have a few injections at the ankle. Local anaesthetic has a lower risk than general anaesthetic (going to sleep). The anaesthetic takes away pain but not the feeling of touch, temperature and vibration. You will not feel any pain during surgery. You will feel the surgeon touching the foot. The local anaesthetic will wear off at about 3 to 10 hours after surgery.

In some cases, you and your surgeon may feel that it is better for you to have your surgery under general anaesthetic. This will be discussed with you beforehand. You will also get information leaflet 870: '[Having a general anaesthetic](#)' to explain what this involves. Available on YourHealth at

<https://yourhealth.leicestershospitals.nhs.uk/>

## Can I eat and drink before I come in for my surgery?

Most patients will be able to eat, drink and take their regular medicines as normal. But, if you have been told that your surgery will be under general anaesthetic, you should not eat or drink for some time before your surgery and anaesthetic to avoid problems. This will depend on what time your surgery is booked. The 'general anaesthetic' leaflet has information about eating and drinking. We will tell you if any of your regular medications need to be stopped.

## How successful is the surgery?

There are possible risks with all surgeries. The podiatric surgery team will carry out tests and check. This is to make sure you have the best chance of success. The team will also give you advice and guidance after your surgery. To get the best results, carefully follow all the advice and guidance that you are given.

- 80 out of 100 of our patients say that their symptoms have become less after this surgery.
- About 1 in 20 cases may have problems, but they can usually be treated. They should not cause permanent disability or pain.

- A small number of patients can have long-term problems or are not happy with the results of the surgery. You must be sure that the benefits of this treatment are greater than the risks.

### **Some possible complications with bunion correction include:**

- The big toe may be stiffer than before, which may be a problem for athletes or dancers particularly
- Blood clot in the leg (deep vein thrombosis - DVT) or lung (pulmonary embolus – PE). You will be checked for your DVT and PE risk and given information on how to reduce the risk of getting a blood clot after surgery. Leaflet 338 and 339 available on YourHealth at <https://yourhealth.leicestershospitals.nhs.uk/>
- A bunion makes the big toe slightly weaker. As a result, the ball of the foot carries more weight. After bunion surgery;
  - this transfer of weight can be more.
  - if you have pain under the ball of the foot (metatarsalgia) it may be worse or
  - it may happen for the first time. We try our best to lower the risk, but we cannot avoid it completely. We will give you an insole to help treat metatarsalgia. But in some cases further surgery may be needed.
- The bones may not heal (fuse together) and you may need another surgery. The risk of this happening after bunion surgery is less than 1 in every 100 people.
- Smokers are 2.7 times more likely to have a bone fusion failure than non-smokers . Smoking also delays wound healing. We strongly recommend that you stop smoking 4 weeks before and after your surgery date.
- The buried wire or screw, which is normally left in place, may need to be removed if it works loose or causes irritation to the surrounding skin. This can happen in 1 in every 10 people.
- The big toe may slowly go back toward the original position or more rarely the toe can turn the other way. The surgery may need to be redone.
- Infections in the wound and minor damage to the nerves of the toe can happen after any foot surgery. Infection rates are estimated at less than 1 in 50 of all surgeries.
- Usually these are minor problems that get better quickly. Very rarely, wounds can become more deeply infected and need another surgery. Nerve pain may be ongoing and worse than the pain before surgery.

### **What to do if you cannot come for your surgery**

If you cannot make it for your surgery, call the day surgery unit staff and let them know. You can find the phone numbers at the end of this leaflet.

Your reasons could be as follows:

- your current health status has changed (your surgery may need to be delayed)
- you feel or are unwell (such as a cough, cold, high temperature, infection or sickness and diarrhoea) on, or just before your surgery date.

## What do I need to do before I come in for my surgery?

Please be aware that you cannot have family or friends stay with you in the day surgery unit. You will need to be with us for 2 to 5 hours.

- check your appointment letter to make sure you know what time to arrive and where to go
- have a bath or shower on the day of your surgery using soap
- take off jewellery except your wedding ring (if you have one)
- you may bring along a personal music device with headphones. Please do not carry too many extra items.
- bring slippers to wear, you may also wish to bring a dressing gown
- do not remove hair on the foot
- remove nail polish and false nails. Clean under the nails the day before your surgery

If you smoke, are overweight or not active, you may take longer to heal after surgery. You may be in a greater risk of having problems. Talk to your GP or health professional to see what you can do before surgery to help with this.

## Why does someone need to stay with me after my surgery?

For your own safety, ask someone to stay with you for the first night after your surgery. It is rare but, it is possible that you may feel unwell or you may fall and need help. If you cannot set this up, please cancel your appointment. We will book another appointment as soon as you have the help in place.

## Will I need crutches?

For 2 weeks you should walk on the heel of the operated foot only, with crutches to support you.

We will show you how to do this on the day surgery unit before you go home. Please avoid stairs if possible. You will get a leaflet about using crutches: **leaflet 1164** available on YourHealth at

<https://yourhealth.leicestershospitals.nhs.uk/>

## What will happen 1 to 2 weeks after the surgery?

- a responsible adult should drive you straight home after your surgery. Public transport is not suitable. On the way home, keep your leg or foot up.
- fully rest for 2 days after your surgery. Your foot may be quite sore. You will get painkillers to help with this. You should keep your foot raised above your hip (elevated) to help with any swelling and pain. You may use pillows to support the leg and thigh.
- if you have a lot of pain after the anaesthetic wears off, apply an ice pack at the ankle to help with this. Do this for 10 minutes and remove for 10 minutes 3 times, up to 6 times in a day (24 hours).

- do not use ice packs if you have diabetes or no feeling in the foot.
- if the pain worsens and it is 'after office hours', call your on-call GP service, dial 111 or go to your local Emergency Department. They will need to know what surgery you have had and the painkillers you have already taken.
- after 2 days, you may walk around for no more than 5 to 10 minutes in every hour. You will still need to strictly rest and raise your foot for 14 days after your surgery. Please use the trauma shoe whenever you are on your feet, even when you are using the crutches. The shoe does not bend. It keeps your foot supported and keeps pressure off the wound. When you are sleeping or relaxing with your feet up, you may take off the shoe.
- reduce the risk of blood clots (deep vein thrombosis in the leg or pulmonary embolism in the lung) by **HER**: **H**ydrate (drink plenty of water), **E**levate (raise) the limb and **R**otate (from the ankle joint, use your foot to draw letters of the alphabet in the air. This helps to exercise the calf muscles at the back of the leg. Do not sit with legs crossed.
- you must keep the dressings dry. Wet dressings may cause the wound to become infected.
- you may get very little pain after your surgery. You may think that you can do more than you should. Rest and elevation are essential. Too much walking may cause the foot to become painful and swollen which will delay healing and increase the risk of infection.
- a member of the surgical team will see you in 7 to 14 days after your surgery for a review.
- stitches will be removed at 10 to 14 days after your surgery.
- your first appointment will be sent to you. Further appointments will be made when you are seen in clinic
- you may find that a form of bed cradle (use a cardboard box) is helpful if the weight of the bedclothes causes a problem to the operated foot.

## Possible complications after your surgery.

In the following circumstances, call the day surgery unit (Monday to Friday, 08.30am to 4.30pm).

If no one is available then call your GP or Emergency Department (out of office hours) OR call 111.

### Infection: symptoms to look out for include:

- sudden increase in pain
- wound starts to bleed
- more redness in the area around your wound
- foul-smelling leakage from your wound
- temperature of 38° C (100.4° F) or more.

### Deep vein thrombosis (DVT) - If you have any of these symptoms you should urgently contact your GP or call 111

- pain, swelling and tenderness in 1 or both of your legs (usually your calf)
- a heavy ache or tightness in the affected area

- warm skin in the area of the clot.
- red skin, at the back of your leg below the knee
- usually (although not always) affects 1 leg. The pain may be worse when you bend your foot upward towards your knee.

### **Pulmonary embolism (PE) - If you have any of these symptoms you should call 999**

- chest pain or breathlessness– which may come on slowly or suddenly
- chest pain – which may be worse when you breathe in sudden collapse

The dressing may become blood stained. If the mark is no more than 5 cms (2 inches) wide there is normally no problem. If you are concerned please contact us. Do not try to change the dressing yourself.

### **What will happen 2 to 4 weeks after the surgery?**

- After the stitches have been removed a thin dressing will be put on to the wound. Keep this on and dry for 7 days. After 7 days, remove the dressing and as long as there is no leakage on it and the wound is closed, you may bathe or shower. Do not soak the foot at first.
- Massage a plain, unperfumed moisturising cream into the foot 3 times a day. As the skin becomes stronger, spend some time deeply massaging the operation site. This will greatly help the scar and swelling to settle down. It will also help with circulation and healing.
- Put your foot down fully and flat in the trauma shoe when walking. Little by little stop using the crutches.
- Do light duties and listen to your foot. If it aches or swells then you must stop doing activities. Rest and raise again and use ice packs if needed.
- How long it takes you to heal from surgery depends on the treatment you had and how quickly your body heals. You might need 6 months to heal fully from your surgery.
- You will be asked to start exercises at the big toe joint, 3 weeks after your surgery. [Available on https://yourhealth.leicestershospitals.nhs.uk/](https://yourhealth.leicestershospitals.nhs.uk/) (leaflet 1104)

### **What will happen 4 to 6 weeks after the surgery?**

- Wear a wide trainer style shoe. The foot should now be more comfortable but, there will still be some swelling, particularly towards the end of the day.
- Keep on doing all the exercises that you were told at your re-dressing appointment. Although the wound has healed, your body continues to mend bone and other tissues. Too much weight on the foot may slow down healing. In severe cases the bone may break or screws or wires may fail and work loose. Bones take 6 to 12 weeks to mend and to recover their original strength.
- It is important to be patient and to avoid too much activity.

**10 weeks after your surgery-**You will come back for a review and an X-ray in the Outpatients department.

**6 months after your surgery-**You will have a final review with the surgery team. Any swelling should be slight or may have completely gone. You should be getting the full benefit of the surgery.

## When can I drive a car?

Do not drive a car until at least 6 weeks after your surgery. Start driving only when you are comfortable walking in a normal street shoe. You must also be confident and able to do an emergency stop.

## When can I return to work?

Most patients can go back to work 6 to 8 weeks after surgery. This will depend on the type of work you do, as well as what surgery you had. If you have a physically active job you may be told to take more time off work. If this is the case, we will arrange a sick note for you.

## Who is responsible for my care?

Your treatment or surgery will be done by a podiatric surgeon. This is a fellow of the faculty of surgery (College of Podiatry). Podiatric surgeons are not registered medical practitioners (medical doctors). They are non-medical specialists in the surgical and non-surgical management of problems of the foot and associated structures. They are registered with the Health and Care Professions Council (HCPC).

**Titles:** The podiatric surgery team may have different professionals dedicated to the success of your surgery. The common titles are explained below.

### Podiatrist:

- has a 3 year degree in podiatric medicine and will be registered with the Health and Care Professions Council (HCPC).
- are independent clinicians, qualified to diagnose and treat foot problems.
- may specialise in particular areas of work such as, the care of the diabetic patient or sports medicine.

### Podiatric surgeon:

- is a podiatrist that has trained only in the surgical and non surgical treatment of the foot.
- is not registered with the GMC as they are not medically qualified.
- is registered with the Health and Care Professions Council (HCPC). You can check your professional is registered with the HCPC.

### Consultant podiatric surgeon:

- After some years of practice within a Health Service Department of Podiatric surgery, a podiatric surgeon may be appointed as a consultant that is the lead clinician appointed by an NHS Trust to provide a podiatric surgery service.

## Are podiatric surgeons the same as orthopaedic surgeons?

Podiatric surgeons are **not the same** as orthopaedic surgeons but carry out **similar foot operations**.

### Orthopaedic surgeons:

- completed a medicine degree and are doctors
- then went for further training in the management of bone and joint conditions which affect the whole body. Some go on to have specialist training in one area of the body e.g. the foot and ankle.

For more information please go to: <https://rcpod.org.uk/podiatric-surgery>

## Contact Details:

If you have any questions or concerns, please contact with the podiatry team (Monday to Friday, 08:30 to 4:30).

**Rutland Memorial Hospital-** Main reception: 01572 772000 (option 8 for outpatient appointments)

**Melton Mowbray Hospital-** Main reception: 01664 854800. Day surgery unit: 01664 854904  
Outpatients: 01664 800154

**Loughborough Hospital-** Main reception: 01509 611600 Day surgery unit: 01509 564406  
Outpatients: 01509 564355

**Hinckley & District Hospital-** Main reception: 01455 441800 Day surgery unit: 01455 441845  
Outpatient appointments: 01455 441918

### Market Harborough Hospital (St Luke's Treatment Centre)

Main reception: 01858 410500 Outpatient appointments: 01858 438135

## RA 16 to 14.6

اگر آپ کو یہ معلومات کسی اور زبان میں درکار ہیں، تو براہ کرم مندرجہ ذیل نمبر پر ٹیلی فون کریں۔  
على هذه المعلومات بلغةٍ أخرى، الرجاء الاتصال على رقم الهاتف الذي يظهر في الأسفل  
જો તમને અસ્ય ભાષામાં આ માહિતી જોઈતી હોય, તો નીચે આપેલ નંબર પર કૃપા કરી ટેલિફોન કરો

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Aby uzyskać informacje w innym języku, proszę zadzwonić pod podany niżej numer telefonu

Previous reference:

If you would like this information in another language or format such as EasyRead or Braille, please telephone 0116 250 2959 or email [equality@uhl-tr.nhs.uk](mailto:equality@uhl-tr.nhs.uk)