

# Having surgery on your foot to remove a tailor's bunion

## Podiatry Surgery

Information for Patients

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### What is a tailor's bunion and why has this happened?

A tailor's bunion is a bony bump that forms at the bottom of the little toe. This can cause the little toe to lean inwards making the knuckle joint stand out. Tailor's bunions are not as common as bunions (which happen at the inside of the foot). But they are similar in symptoms and the reason that they form.

Shoes may rub causing pain. Even wide shoes can make the joint and skin red and sore. Painful calluses can be on the little toe or bony bump.

Tailor's bunions often run in the family and are made worse by wearing tight fitting shoes.

### Do I need to have surgery?

What you can do to ease the symptoms:

- Change footwear: wear a wide soft leather shoe, avoiding seams over the bony bump or made to measure shoes.
- Use painkillers.
- Talk to a podiatrist: they will look at the way you walk and see if a change in footwear or using padding around the bump can help. Or an insole may ease your pain.

If these do not ease your pain, having an surgery may help.

If your bunion does not hurt and you do not have any problems with shoes fitting, there is **no need for a surgery**.

**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)

## How can having a surgery help?

Having a surgery should make it less painful or stop the pain completely. The toe/s should be straighter and your foot narrower. You should feel more comfortable when wearing shoes. You should only think about a surgery if:

- the pain is too much or happens often and is affecting your life.
- you have painful calluses/corns/sores over the bump that make fitting shoe difficult.

Do not have a surgery only to make it look better visually.

## What will happen in the surgery?

The surgery team will talk to you about the best option for you. This is decided by looking at where the pain is, how flexible your toe/s are and your general health.

This surgery means breaking and resetting one of the foot bones on the outside of your foot. This is 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 the surgery?

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

You and your surgeon may think that it is better for you to have your surgery under general anaesthetic. This will be talked about with you before the surgery.

You will 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 checks. 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, follow all the advice and guidance that you are given.

- 73 out of 100 of our patients report great improvement in their symptoms 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 surgery. You must be sure that the benefits of this treatment are greater than the risks.

## Some possible problems after the surgery:

- You might have joint stiffness.
- The bones may not heal (fuse together) and you may need another surgery.
- Smokers are 2.7 times more likely that their bone will not fuse as well as non smokers. Smoking also slows wound healing. We strongly recommend that you stop smoking 4 weeks before and after your surgery date.
- The buried screw or plate, which is normally left in place, may need to be removed if it works loose or causes irritation to the skin around it. This can happen in 1 in every 10 people.
- Blood clot in the leg (deep vein thrombosis: DVT) or lung (pulmonary embolism: PE). You will be checked for your DVT or 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](https://yourhealth.leicestershospitals.nhs.uk/) at <https://yourhealth.leicestershospitals.nhs.uk/>
- The bump may grow again and if painful, the surgery may need to be done again.
- Infections in the wound and minor damage to the nerves of the toe can happen after any foot surgery. Infection rates happen in less than 1 in 50 of all surgeries.
- Very rarely, wounds can become deeply infected and need another surgery.
- You may still have nerve pain and it could be worse than before the surgery.

## What to do if you can't come for your surgery?

If you cannot attend your surgery, call the day surgery unit staff and let them know. You can find the phone numbers on page 8 of this leaflet.

Your reasons could be:

- your health has changed (your surgery may need to be delayed).
- you feel or are unwell (you have 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?

- 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. You can keep your wedding ring on.
- You can bring a personal music device with headphones. Do not carry too many extra items.
- Bring slippers to wear, you can also bring a dressing gown.
- Do not remove hair on the foot.
- Remove nail polish and false nails. Clean under your nails the day before your surgery.

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

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 with your GP or health professional to see what you can do before the 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 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?

Crutches are not normally needed after this surgery.

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

- A responsible adult should assist or drive you straight home after your surgery. Public transport is not suitable. On the way home, keep your leg/foot up.
- Fully rest for 2 days after your surgery. Your foot may be quite sore. You may get painkillers to help with this. Keep your foot raised above your hip (elevated) to help with any swelling and pain. You can 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. You can do this up to 6 times in a day (24 hours).
- Do not use ice packs if you have diabetes or have 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 5 to 10 minutes every hour. You will still need to

strictly rest and raise your foot for 14 days after your surgery. Please use the trauma shoe when you are on your feet (even if you have been given crutches to use). 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 can take the shoe off.

- Reduce the risk of blood clots (deep vein thrombosis: DVT or pulmonary embolism: PE in the lung) by H.E.R: **Hydrate** (drink plenty of water), **Elevate** (raise the limb) and **Rotate** (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 can cause the wound to become infected.
- You can get very little pain after your surgery. You may think that you can do more than you should. You must rest and elevate your foot. Too much walking can make the foot become painful and swollen. This will slow 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. More appointments will be made when you are seen in clinic.
- You may find that a form of bed cradle is helpful if the weight of the bedclothes causes a problem to the operated foot. You can do this by placing your leg instead a cardboard box and then placing the blanket onto of the box.

### **If you have the following, call the day surgery unit right away:**

**(Monday to Friday, 8.30am to 4.30pm). If no one is available, contact your GP or Emergency Department (out of office hours), OR call 111:**

#### **Infection - symptoms to look out for:**

- sudden increase in pain
- wound starts to bleed
- increasing redness in the area around your wound
- foul-smelling discharge from your wound
- having a 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 one 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, specially at the back of your leg below the knee
- the pain may be worse behind your foot upward towards your knee. Usually (although not

always) this affects one leg.

### **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 2 inches (5cms) wide or less, there is normally no problem. But 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. 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 and unperfumed moisturising cream onto the foot 3 times a day. As the skin becomes stronger, spend some time deeply massaging the surgery area. This will help the scar and swelling to settle down. It will also help with circulation and healing. Gently pull the toe down to stretch the scar. When standing up, push the toe down against the ground.
- Put your foot down fully in the trauma shoe when walking.
- Do light duties and listen to your foot. If it aches or swells then you must stop doing activities. Rest and raise your foot 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 take 6 months to heal fully from your surgery.

### **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 swelling. This will be mainly at the end of the day.
- 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 have a review and have an X-ray in the Outpatients Department.

## 6 months after your surgery

You will have a final review with the podiatric 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 to drive a car until at least 6 weeks after 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 return to work 6 to 8 weeks after the 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 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 doctors (medical practitioners). They are non-medical specialists in the surgical and non-surgical management of problems of the foot and ankle. 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 and ankle 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 and ankle.
- is not registered with the General Medical Council (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 surgeries.

### 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, for example 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 the Podiatric Surgery Team (Monday to Friday, 8.30am to 4.30pm):

**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

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)