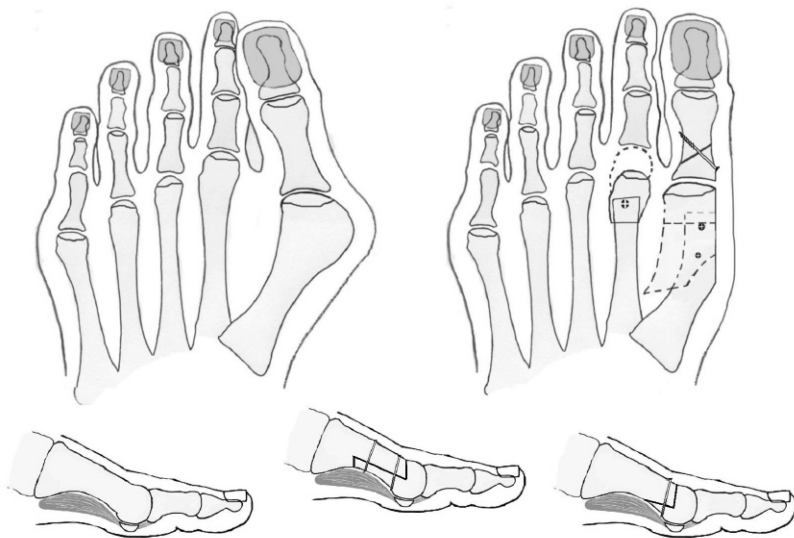


Birmingham Foot Clinic Advice Guide Hallux Valgus (Bunion) Surgery by Distal Osteotomy

About Your Operation

Problems / Risks Associated with First Metatarsal Osteotomy Surgery

- Thickened scar and/ or tender scar - may reduce over 12 months
- Areas of numbness - may reduce over 12 months
- Infection (sudden increase in pain and swelling at 2 to 3 days after surgery - or later)
- Insufficient correction maintained and/ or recurrence of deformity
- Fixation pins or screws may move and therefore may need removal after the bone has healed
- Movement of osteotomy especially if you fall or the foot is knocked
- Reduced range of motion and/ or pain due to joint not tolerating correction
- Shortening/Dysfunction of big toe causing 2nd toe or MTP joint to be prominent & troublesome



Your consultant may draw in the unique features of your surgical procedure on this diagram



On the day of surgery

On the day of surgery you may eat and drink as normal unless you are being sedated or having a general anaesthetic (follow anaesthetic advice sheet). It is essential that you are accompanied and have made arrangements for transport home, this should not be public transport. Following the surgery, for a typical period of 8 to 10 weeks, you will not be able to drive, as your insurance will be invalid.

We usually carry out osteotomies under a local anaesthetic. With a local anaesthetic you will not be asleep, however you will feel no pain during the operation due to the pain blocking properties of the local anaesthetic given.

Discomfort will only be experienced when the local anaesthetic injections are given, which feel the same as most other injections you may have received in the past. A good comparison is a dental anaesthetic for a filling.

The operation lasts about 30 – 60 minutes in total. You can bring a book or a music cassette / CD if you wish, to help you relax and feel comfortable during the procedure.

What is metatarsal osteotomy?

A first metatarsal osteotomy is a term used to cover operations where bone is cut and repositioned to improve the alignment of the big toe joint. It is an operation used to improve mild to moderate bunion deformities, or to improve joint function. It will realign the first metatarsal of the foot, reducing any deformity and helping the big toe joint function more effectively.

Problems

Following the advice given to you will greatly reduce the risk of a problem. If you are however concerned about anything before or after your surgery you can speak to a member of the team directly on Tel:07970 740 522. If your call is an emergency and you are unable to get through, you may also contact your GP who will be aware of the surgery you will have had.

Self care

After the operation you should sit or lie with your leg raised and knee slightly bent for at least 8 hours. For the first 3 days you will need to take pain relieving tablets (analgesics) as prescribed or advised. It also helps during the

first 8 hours to place a bag of frozen peas, rapped in a towel across you ankle for 10 minutes per hour. Walking in the first 72 hours should be limited to essentials only e.g. going to bed or the toilet, and for the first 2 weeks should be limited to indoors only. Stitches are usually removed at 2 to 3 weeks after the operation. You will then have a lighter dressing which will stay in place for a further 2 – 4 weeks. On discharge you can start to wear normal footwear again, however it is strongly advised that you wear a training shoe or similar for 3 months to help in the healing process

You may experience swelling and unusually sensations in the foot for some period (up to 6 months) following the surgery, however these this will gradually subside.

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