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design by Medical Illustration

## Information for patients Bunion Surgery



## Foot and Ankle



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## What is a Bunion?

A bunion is a very obvious lump at the base of your big toe. The causes are many and varied; it may occur on its own or cause deformity to your other toes as well.

Your Surgeon can offer you an operation to correct this deformity so that your foot will be more normal looking and help reduce any pain. This decision is entirely yours as to whether you wish to have the operation or not. This document will provide you with sufficient information about the risks and benefits of this operation to help you make that decision. All questions will be answered by your surgeon or other health care provider.



## The causes of bunions

There are several causes of this deformity, the most common being footwear, flat foot and a tendency to run in families. It is also more common in women than men. Arthritis within the big toe joint may also cause this deformity; generally people with bunions have no other joint problems.

## Benefits of surgery

Your big toe will be straighter, your foot will be narrower and you will have less pressure symptoms on the inside of your big toe.

## Is there an alternative to surgery?

Wider fitting shoes are the obvious solution to accommodate your wider foot. Bunion shields are also available as are toe separators to place in between your big toe and the second toe to reduce friction and pressure. Custom made shoes may be an option but will not be very fashionable; however, the above measures will avoid the potential risks and complications of an operation. If these measures help to reduce your symptoms then you may not require an operation at all. Most bunions will get worse with time and may lead to severe pressure and friction inside your footwear; this may lead to ulceration and infection which then becomes difficult to treat. Your surgeon may decide to send you to an Orthotist who specialises in footwear and insoles to try and help relieve your symptoms and aid your walking.

## Who do I contact if I am worried or have questions?

The Foot and Ankle help line: **01691 404202** leaving a message with your name, hospital number and contact number. Alternatively a call to the ward you were admitted to will be able to help.

## Where can I get more information?

**British Orthopaedic Foot and Ankle Society (BOFAS)**

[www.bofas.org.uk](http://www.bofas.org.uk)

Offers a list of all surgeons carrying out specialist foot and ankle surgery across the UK as well as patient information.

**Arthritis Research UK**

[www.arthritisresearchuk.org](http://www.arthritisresearchuk.org)

Phone: **0300 790 0400**

Offers a wide range of information and articles as well as a selection of self-help booklets which can be downloaded on the Internet.

**National Rheumatoid Arthritis Society (NRAS)**

[www.nras.org.uk](http://www.nras.org.uk)

Phone: **0845 458 3969**

Helpline: **0800 298 7650**

Email: [enquires@nras.org.uk](mailto:enquires@nras.org.uk)

Provides information and support for people with rheumatoid arthritis (RA) and juvenile idiopathic arthritis (JIA), their families, friends and carers.

Other useful links:

[www.walktall.co.uk](http://www.walktall.co.uk)

[www.cosyfeet.co.uk](http://www.cosyfeet.co.uk)

[www.diabetes.org.uk](http://www.diabetes.org.uk)

If you have any comments on this leaflet please contact:

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## Recovery from you operation

This operation is normally carried out as a day case and therefore you should be able to go home the same day. If you have had both feet operated on or other toes included in your surgery, you may have to stay in hospital for one night. Once the healthcare team are happy that you are fully recovered and the circulation to your feet is good you will be discharged.

You will have thick wool and crepe bandages on your feet and will be provided with rigid, wooden soled sandals. These are to be worn at all times including in bed. You can walk in these sandals as soon as you like but are advised to heel weight bear or flat foot walk for at least six weeks. You must not drive or go to work until advised by your healthcare provider.

You are strongly advised to take your pain relief as prescribed and to elevate your legs as much as possible. Swelling is normal and some discolouration in the toes is also normal as is seepage through the bandages. If you have any concerns you should have been given a contact helpline telephone number for advice.

The swelling in your feet can take several months to reduce completely, it is essential to wear shoes with adequate space for your feet.

## Conclusion

Most people make a good recovery following bunion and lesser toe surgery; you should have much less discomfort, a narrower foot, better function and more comfortable fitting footwear.

## What is involved in the surgery?

As with any operation a number of checks are carried out by a healthcare worker to determine the correct side is being operated on. You can confirm this yourself when asked by any member of the team including your surgeon.

There are a variety of anaesthetics available today and these will be discussed with you either by your surgeon or anaesthetist.

The length of the operation depends on the severity of your bunion and how it is to be corrected, if you require surgery to your lesser toes also then this will lengthen the time of your operation. It can take anything from forty-five minutes to one and a half hours per foot.

There are many operations that can be carried out on your bunion to correct it; these will have been discussed with you prior to your admission, and may include the following:

- Removing your bunion.
- Realigning the bones in your big toe.
- Releasing/tightening ligaments.
- Straightening one or more of your lesser toes.
- Stiffening of your big toe.

## Medication and your operation

It is usual for you to attend a pre-operative assessment clinic a few weeks before your operation once a decision has been reached by you and your surgeon that surgery is the best option for you.

A very thorough assessment is carried out to ensure you are fit for your anaesthetic and operation. Any medications that you take will be discussed with you, so that, if any of these have to be stopped prior to your operation you will know which ones they are, e.g Warfarin, Clopidogrel, HRT, Oral contraceptive pill and various medications to control Rheumatoid disease. Once this process is complete and you are happy to proceed, your surgeon will complete a consent form and invite you to sign and date that document.

## Risks and complications of surgery

All surgery carries potential risks. Whilst the healthcare professionals will make your operation as safe as possible, there will be some patients who will have complications. Some of these can be serious and can even cause death. These risks will be discussed with you at some stage prior to your operation so that you are fully aware as part of the informed consent process.

## Is there anything I can do to increase the success of this operation?

Smoking seriously affects bone healing cells so that the wound and bones are less likely to heal; it also increases your chance of post anaesthetic chest infection and you are strongly advised to give up or at least cut down drastically to help reduce this.

If you are overweight, this has implications for your anaesthetic and puts excessive loading on your feet.

## General Risks and complications of surgery

- Pain varies a lot in different patients; you will be given pain relieving medication to take home with you and the best advice is to elevate your leg as much as possible to reduce swelling and to take your medication as prescribed without missing any doses.
- Bleeding; this may be noticeable through your dressing or plaster.
- Nerve damage; damage to nerves around the big toe joint may lead to numbness or permanent pain if it gets caught up in scar tissue.

- Blood clots; these may form in your lower leg (Deep vein thrombosis -DVT) or may travel to your lungs causing a Pulmonary embolus (-PE). (Risk; 1 in 1,000), If you are at risk you will normally be prescribed an anti-clotting agent to help protect you from this. If you develop pain, swelling or redness in your leg or the surface veins appear larger than usual you may have a DVT and should seek advice straightaway. If you feel pain in your chest or back and become breathless, you may have a clot in your lungs and should call for an ambulance urgently or go straight to an Accident/ Emergency unit informing them of your symptoms and that you have had recent surgery.
- Infection; if you get an infection it usually affects the skin only (Risk 1 in 50) and may require regular dressing changes and antibiotics.
- Non-union/Mal-union; in a small number of patients the cut bones (osteotomy) do not heal at all or heal at an incorrect angle, (Risk 1 in 50). It may also take longer than the usual six weeks it would normally take. If this happens a second operation may be required to put things right.
- Loss of movement in big toe; if your toe has had to be straightened permanently due to arthritis then you will have loss of movement in the big toe, this is normal, and it will also be shorter. Stiffness in your big toe following bunion correction may be due to scarring or prolonged swelling; (Risk; 1 in 25) this usually settles in time, physiotherapy may be required to assist with this.
- Severe pain, stiffness and loss of use of the foot and ankle; (complex regional pain syndrome) (risk 1 in 20). The cause of this is unknown. If it happens, you will need further treatment involving physiotherapy and painkillers.
- Ball of foot pain; sometimes when standing you may experience pain or discomfort under the ball of your foot, this is called metatarsalgia, (Risk; 1 in 15). This is due to your foot not taking weight correctly following your operation. It may settle in time, if not then you may be asked to see an orthotist to arrange for an insole for you to help with this.
- Recurrence of deformity; there is a chance your bunion may recur (1 in 10) and there are a number of reasons why this could happen. If it does then you may require a further operation to correct this. Rarely the toe can drift the other way; this may also require another operation to correct.