SOUTH BEND ORTHOPAEDICS

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BUNION PROTOCOL

Bunion surgery is correction of an angular deformity of the forefoot. It is more than a simple removal of "extra bone"; typically it involves one or more cuts in the bone(s) around the great toe, occasionally with fusion of a joint. Additionally, ligament work is frequently performed, along with an occasional lengthening of the Achilles. Two frequent types of surgery are discussed below.

Please note that this is a rough guideline and frequently your recovery will be tailored to your individual case. Revision surgery may take substantially longer for full recovery. In addition, if work is done to the other toes, swelling may be more severe and require further recovery time.

METATARSAL OSTEOTOMY: This is the cut of the 1st metatarsal bone, and at times the proximal phalanx of the toe, to realign the big toe. Treatment of hallux valgus angle of less than 40 degrees and an intermetatarsal angle less than 20 degrees. The advantages of this osteotomy are that it is made through cancellous bone, does not shorten the metatarsal and is inherently stable. Most commonly the procedure is for younger patients (adolescents through the fourth decade) with a hallux valgus angle of 30 degrees or less and an intermetatarsal angle of less than 13 degrees. It narrows the forefoot by reducing the metatarsal angle and when combined with a medial capsulorrhaphy reduces the hallux valgus, and maintains adequate dorsiflexion of the first metatarsophalangeal joint. Fixation is through K-wires, screw or pin.

LAPIDUS BUNION CORRECTION: This is the fusion of the 1st TMT joint at the midfoot, with additional ligament work and occasional Achilles lengthening and osteotomy of the proximal phalanx of the big toe. See "Midfoot Fusion Protocol" for additional information.

Preoperative Physical Therapy

Pre surgical Gait Training, Balance Training, Crutch Training and Knee Scooter Training

Phase I- Protection (Weeks 0 to 6)

GOALS:
- Cast or boot for 6 weeks
- Elevation, ice, and medication to control pain and swelling
- Non-weight bearing x 6 weeks
- Hip and knee AROM, hip strengthening
- Core and upper extremity strengthening

WEEK 1: May weight bear through heel in boot or post-op shoe, using crutches for assistance. May need knee scooter for longer distances
- Elevate the leg above the heart to minimize swelling 23 hours/day
- Ice behind the knee 30 min on/30 min off (Vascutherm or ice bag)
- Minimize activity and focus on rest
- Acetaminophen (e.g. Tylenol) 500mg every 6 hours alternating with ibuprofen 600mg every 6 hours or meloxicam 15mg once daily. Narcotic pain medication (hydrocodone or oxycodone) should be reserved for breakthrough pain as second line medication. Do not take over 4,000mg of acetaminophen per day.

1ST POSTOP (5-7 DAYS AFTER SURGERY): Dressing change
- Continue heel weightbearing (WB) only
- Continue strict elevation, ice

WEEK 2: Sutures removed, dressing change
- Continue heel WB, use toe spacers between toes
- Begin active ROM great toe

Phase II- Range of Motion and Early strengthening (Weeks 6 to 12)

WEEK 6: Office recheck with x-rays
- Begin full WBAT in boot/postop shoe with crutches
- Transition to regular shoe when swelling allows; many times, however, this is not possible until 10-12 weeks post op
- May initiate PT if desired or indicated: Focus on intrinsic motion, and strengthening

WEEK 12: Office recheck with x-rays

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*****USE TOE SPACER FOR AT LEAST 6 MONTHS TO PROTECT SOFT TISSUE*****

PHYSICAL THERAPY: start between 4-6 weeks post op, focus on motion and swelling at first, then gait training and strengthening. Focus on restoration of ROM, edema control, scar reduction, and restoration of proper gait mechanics with emphasis on weight bearing through the first ray in stance phase.

- Focus on hip/knee/core for first 6-10 weeks
- Patient specific desires on gait training with/without therapist
- If fusion procedure, DO NOT attempt to gain motion in the planes that were fused: for subtalar/triple arthrodesis, focus only on dorsiflexion/plantarflexion (DO NOT ATTEMPT side to side motion)

DRIVING: Prior to driving, you must be able weightbear on your right foot without crutches. In addition, you may begin driving at 9 weeks if surgery on right ankle; if left ankle, may drive automatic transmission car when off narcotic pain medication

FULL ACTIVITY: This may take 6 to 18 months. There is no guarantee on outcome. All conservative management options have risk of worsening pain, progressive irreversible deformity, and failing to provide substantial pain relief. All surgical management options have risk of infection, skin or bone healing issues, and/or worsening pain. Our promise is that we will not stop working with you until we maximize your return to function, gainful work, and minimize pain.

SHOWERING: You may shower with soap and water 1 day after surgery. Avoid lotions, creams, or antibiotic ointments on surgical site until directed by your orthopaedic surgeon. No baths or submerging operative site under water until incision has completely healed.

SKIN CARE: Steristrips are typically placed on your incision at your follow up appointment. Steristrips will typically fall off on their own. Remove steristrips in shower after 3 weeks if they remain on incision. Incisions may become sensitive. Some surgical incisions based on their location and patient factors are more likely to require postoperative scar desensitization with physical therapy. You may use Mederma or other skin protectant lotion once incisions have completely healed and approved by your orthopaedic surgeon. Do not placed cortisone or other steroid on your incision unless directed by your orthopaedic surgeon. Incisions and surgical site scars are more prone to burn by ultraviolet radiation when out in the sun. Always apply sun screen onto the healed incision once fully healed.

STOOL SOFTENERS: While on narcotic pain medication (e.g. Norco/hydrocodone or Percocet/oxycodone) especially within first 72 hours of surgery, you should take stool softener (e.g. Miralax, docusate, senna). Discontinue if you develop loose stool or diarrhea.