### Aims of Surgery
- To reduce pain and deformity.
- To improve footwear comfort and fit.

### Advantages of this operation
- Localised procedure which does not involve other joints.
- Reduction of the prominent bone.

### Specific risks of this operation
- Joint stiffness
- Failure of procedure
- Worsening of big toe deformity
- Scar sensitivity
- See also the complications covered in the general information booklet/leaflet

### OVERVIEW

<table>
<thead>
<tr>
<th>Operation time</th>
<th>Usually between 30-45 minutes.</th>
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<tbody>
<tr>
<td>Incision placement</td>
<td>Either to the side of the bunion joint or on the top towards the inside edge of the bunion joint.</td>
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<td>Stitches</td>
<td>We try to use absorbable (dissolving) stitches where possible.</td>
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<td>Fixation</td>
<td>Internal fixation (bone screws or pins) are usually used. These are buried beneath the skin so you will not normally notice these and they do not usually need to be removed.</td>
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<td>Will I have plaster cast?</td>
<td>This is not normally necessary.</td>
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<tr>
<td>Is this a Day Procedure?</td>
<td>Yes, you can usually go home the same day (you will usually be admitted for half a day).</td>
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Estimated time off work | Non-manual work approximately 4-6 weeks. Manual work 6-8 weeks dependant upon recovery.

Indications for the procedure | The main indication for any operation is pain and limitation or disability. Commonly in this instance:
| - Hallux Valgus (Bunion) deformity of the big toe
| - Arthritis of the big toe joint
| - Difficulty with shoe fit despite wearing sensible footwear

Alternative Treatments | Symptoms can be managed by using painkillers or avoidance of provocative factors temporarily or permanently as necessary/practical e.g.:-
| - Activity modification
| - Correct fitting or accommodative footwear
| - Joint injections
| - Use of protective and cushioning shields, splints and or insoles / orthoses

(The use of insoles / orthoses or toe splints has not been shown to correct toe deformity).

General Risks of Surgery | The general risks of foot surgery are outlined in the Pre-operative Information booklet with which you will have already been provided.

You should read this leaflet in conjunction with the Pre-operative Information booklet / sheet.

More information by: | - Speaking with your Consultant or one of his / her team.
| - Reading the information provided.

Silvers Bunionectomy Plus Akin

The Operation

The operation is usually performed under a local anaesthetic. This being the case you will be awake; you can eat normally and take your normally prescribed medications on the day of operation. The local anaesthetic is administered via injections around the area of the bunion and the ankle. Most patients find this to be more comfortable than a dental injection. Sometimes an injection behind the knee will be offered. The operation takes about an hour, although you can expect to be in the day surgery unit for about 3 hours. This is to allow you an opportunity to rest post operatively and for us to provide you with discharge information and packs as required. For your safety you must have a competent adult at home for the first day and night after surgery.

First 2-4 days

This is the worst time for pain but you will be given painkillers to help. You must rest completely for 2-4 days with your foot elevated just above hip level. You may be advised to keep the circulation going by gently drawing circles in the air or wiggling your toes. You should restrict your walking to going to the bathroom only. If you have been given crutches you must use them in the way shown. You may be able to bear a little weight on the foot carefully using just the heel. You can get about a little more after 3-4 days.

One week after surgery

You may need to attend for your foot to be checked and re-dressed. You may start to do a little more within pain limits. Pain may mean you are doing too much.
Two weeks after surgery
You must attend clinic again for removal of stitches. For absorbable stitches this normally means just trimming the ends. You should no longer need the bandage and you should be able to get around without crutches. Your foot will still be quite swollen but you should be able to get a roomy shoe on. You should bring a lace up broad fitting and supportive shoe (ideally a trainer) with you. Provided that the wound is well enough healed you should be able to get the foot wet. You will be advised on an incremental return to activity and may also be advised on scar care.

Between 2-6 weeks after surgery
The foot starts to return to normal and you can return to shoes. The foot will still be quite swollen especially at the end of the day. You may require a review appointment at 4-6 weeks. You may be able to return to work but may need longer if you have an active job. If in doubt, please discuss this with a member of the team. You may return to driving if you can perform an emergency stop. You must check with your insurance company before driving again. Whilst normal activity will be resumed, sport should be avoided.

Between 8-12 weeks after surgery
The foot should continue to improve and begin to feel more normal again. There will be less swelling. Sport can be considered after 3 months depending on your recovery.

Six months after surgery
You will have a final review between 3-6 months following surgery. The swelling should now be slight and you should be getting the benefit of surgery.

Twelve months after surgery
The foot has stopped improving with all healing complete.

Please note if a complication arises, recovery may be delayed.

Comments, concerns or complaints? If you have any comments, concerns or complaints and would like to speak to somebody about them please telephone: 01773 525119

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