



Minimally Invasive Bunion Surgery – CHEVRON/AKIN OSTEOTOMY

Information: Bunions can be treated without surgery. Bunions are due to a great toe deformity. If you decide to have surgery then the deformity will be corrected. This is performed through an osteotomy (bone cut) through the first metatarsal (chevron osteotomy), and possibly the proximal phalanx of the great toe (akin osteotomy). The minimally invasive technique avoids the great toe joint so patients typically do not have stiffness or significant pain after surgery, unlike the traditional open procedure. Two to three metal screws are used to fix the osteotomy while it heals. Often, patients have other deformities and/or painful conditions that may be fixed at the same time, e.g., hammertoes, bunions, crossover toes, etc. Risks of surgery include, but are not limited to: infection, wound healing issues, scarring, swelling, stiffness, pain, numbness, injury to vessels, bone healing problems, hardware problems, need for hardware removal, recurrence, other deformity, and need for future surgery. If you need an excuse for work, please let us know before surgery. Most patients can drive by 4 to 6 weeks after surgery if their right foot is involved. Depending on your job, most can return to work in 2-4 weeks in their special shoe.

On the day of surgery: You and your anesthesiologist will determine what is best for your particular surgery. Often, I perform an ankle nerve block while you are asleep for the procedure. This will decrease the amount of pain after surgery. You will be brought to the operating room and your leg will be cleaned for surgery. Drapes will then be placed over your leg and your entire body to keep our field clean. You will be given IV antibiotics before and during surgery. I will perform your surgery and then place a special dressing on your foot that must remain on until your first postoperative visit.

After Surgery: You will be taken to the recovery room and sent home when the nurses and anesthesiologist think you are suitable for discharge. I will discuss the surgery with your guest that day unless you direct me otherwise. You will be placed into a postoperative shoe and allowed to weight bear in the shoe. You will be sent home on pain medicine with the hope that you can discontinue it as quickly as possible. Leave your bunion dressing in place. Swelling and discomfort will increase each time you progress your rehab after surgery (transition to regular shoe, return to work, begin exercising). You may begin stationary bike/elliptical/walking for exercise at 4 weeks, swimming at 6 weeks, and heels/running at 3 months from surgery.

Postoperative Course:

0-4 wks: full weight bearing in special post-op shoe.

1-2 wks – I will see you for dressing removal and x-rays. You may begin gentle big toe range of motion exercises to prevent stiffness after this visit. You may start getting the incisions wet in the shower.

4wks – I will see you again for repeat x-rays, and begin transition to your own supportive shoe wear. You may begin stationary biking, walking for exercise, and elliptical. You may take a bath. You may begin to start driving between 4 and 6 weeks if you can brake safely without pain.

3 months – You may begin running and wearing heels, if desired

16-20 wks – You should be doing quite well. Swelling is the last issue to resolve and can be 3-6 months for any foot surgery but is typically less for the minimally invasive bunion surgery.

Disclaimer: These are general statements and may not apply specifically to your care. I may modify as needed for your individual care.