

Bunion (hallux valgus)

Information for patients, parents and guardians

Hallux valgus is the medical name for a bony deformity of the joint at the base of the big toe. The lump it forms on the inner side of the foot is called a bunion. The main sign of a bunion is the big toe pointing towards the other toes on the same foot. This forces the bone attached to it (the first metatarsal) to stick outwards.

It has been recommended that your child has an operation to correct the angle of the big toe. This factsheet aims to answer your questions but if you have any further concerns your child's healthcare team will be happy to discuss them with you.

The operation

Your child will need a general anaesthetic (medicine given to make them go to sleep) for this operation. Bone cuts are made in one or two of the big toe bones to correct the deformity. Surgical pins or screws hold the bones in the corrected position whilst they heal. Stitches will be used to repair the joint, to make sure there is correct position and movement. The aim of surgery is to improve pain and function as well as the look of the toe.

After the operation

Your child will stay in hospital for one night and the physiotherapist will help them to move around during the day.

Your child will be given either a special heel-bearing, flat soled shoe or a plaster cast on the foot, to take the pressure off the front of the foot for six weeks. In the first week after surgery they should keep the foot raised up on pillows (higher than their bottom), as much as possible to help reduce the swelling.

Your child should gradually walk more, depending on the amount of pain and discomfort in the foot.

Pain relief will be needed in the first week and can be reduced as the pain improves. Your child may be seen in the outpatient clinic after two weeks to check the wounds and trim the dissolvable stitch ends. Six weeks after surgery an x-ray will be taken to make sure the bones have healed.

Your child will be advised if they can wear normal shoes at this stage. The swelling usually goes down eight to twelve weeks after surgery. The scar may be tender for a few weeks. In clinic, advice will be given about returning to contact sports.

Your child can usually resume sporting activities three months after surgery. It's a good idea to contact your child's school or college to discuss any support they may need.

Possible complications

The healthcare team will make ensure that your child's stay in hospital and the treatment they receive as is safe as possible however, all medical procedures carry some risk and there is a possibility that complications might arise. These are outlined below, but you should ask the healthcare team if there is anything you do not understand.

- Bleeding can happen during or after surgery and there may be scarring as a result of the surgical cut.
- If the surgical wound becomes infected it will usually settle with antibiotics but may sometimes need further surgery.
- There may be altered feeling at the operation site, this can be temporary or permanent.

The anaesthetist will be able to discuss with you the possible complications of your child having an anaesthetic. Pain relieving medicine will be given to keep your child comfortable.

Specific complications

Very rarely, infection can occur in the bones. This may require further, more aggressive treatment. This could mean surgically washing the wounds (requiring another anaesthetic) and antibiotics. Sometimes the deformity or bunion can return. If this happens the operation may need to be repeated.

If you have any questions or concerns please contact:

The nurse practitioners: **023 8120 4991** Mobile: **07584 402438**

Ward G3: **023 8120 6486**

Useful links

NHS website

www.nhs.uk/Conditions/Bunion/Pages/Treatment.aspx

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For help preparing for your visit, arranging an interpreter or accessing the hospital please visit **www.uhs.nhs.uk/additionalneeds**

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