

Patient information

Chevron Osteotomy and Scarf Akin Osteotomy - Bunion Correction

Trauma and Orthopaedic Speciality

Your consultant has discussed the option of corrective bunion surgery with you. There are various types of bunion surgery and choice depends on the severity of your bunion deformity.

Chevron osteotomy and Scarf osteotomy are corrective surgical procedures and are discussed in this information leaflet. Both procedures involve a planned cut in bone to realign the toe and have similar recovery/rehabilitation.

What is an osteotomy?

An osteotomy is a planned cut to bone to correct the position and realign bone. In the case of Scarf or Chevron osteotomy surgery, the cut to bone is held internally using embedded screws. Bone healing normally takes around six to eight weeks, during which time you should start to lay your own bone down around the cuts in the bone, making them solid. During the surgery any prominent bone around the big toe joint is also shaved down.

Chevron osteotomy uses one small screw to hold the repositioned metatarsal in place and in a Scarf osteotomy two small screws are used, as the cut made to bone is longer. In both cases the screws hold the newly positioned bone in place and usually remain in for life.

In addition to the above, to achieve a better correction, your surgeon may advise an additional surgical procedure to be carried out at the same time. This is known as an Akin osteotomy and involves a small wedge-shaped cut into the bone at the base of your big toe. The two bone edges are then joined together using a further small screw inserted into the bone.

You may need to stay overnight following the surgery and this depends on your recovery and whether you are safely walking with the aid of crutches in a post-operative sandal.

What are the benefits of having an osteotomy?

The aim of the procedure is to straighten your big toe to allow you to wear supportive/appropriate footwear more comfortably and improve your pain level.

What are the risks of having an osteotomy?

Around 85% of patients are happy with the results of their surgery, approximately 10% have some reservations, but are improved, and about 5% of patients feel they have been made worse by the surgery.

In most cases the surgery is effective in improving your condition, however in some cases your bone may fail to heal, particularly if you are a smoker. Bone may heal incorrectly and there is also a risk that your bunion may reoccur if you do not wear suitable roomy footwear in the future.

All surgical procedures carry risks of wound infection and delayed wound healing. There is also a small risk of nerve damage due to the surgery itself and this can result in numbness or a painful sensitive scar.

If you are a smoker and are about to undergo an osteotomy, you are strongly advised to stop smoking for at least four weeks before surgery and for a minimum of six weeks after your surgery or completely stop. Smoking cessation advice can be obtained from your GP.

Smoking affects healing by restricting the oxygen carrying capacity within the blood, which is vital to the healing process. By stopping smoking, you are also lessening the risk of developing a blood clot and your bone/wound healing will be similar to that of a non-smoker.

Are there any alternative treatments available?

If you decide not to proceed with surgery, you will be given advice regarding more suitable footwear. If appropriate, your surgeon may refer you to the Appliance Dept for an assessment with a view to supplying special insoles, which may also help you to manage your symptoms. You may also be fitted with a night splint, which can also help to delay bunion progression.

What will happen if I don't have any treatment?

If you decide not to proceed with any treatment, then it is likely your symptoms and condition will progress. You may also develop complications with your lesser toes as a result of bunion progression.

What sort of anaesthetic will be given to me?

You will be given either a general anaesthetic or a local anaesthetic with sedation. General anaesthetic is drug-induced unconsciousness: an anaesthetist, who is a doctor with specialist training, always provides it.

A general anaesthetic can cause side effects and complications. Minor side effects are usually short-lived, including nausea, vomiting and feelings of disorientation. Serious complications are extremely rare and include paralysis and death.

A local anaesthetic involves an injection that will numb the area being operated on. You stay conscious but free from pain. If you are having a local anaesthetic you may also be given sedation to help you to relax more.

The risks of anaesthetic and surgery are lower for those who are undergoing minor surgery, and who are young, fit, active and well. For more information, please ask for a copy of the leaflet "You and Your Anaesthetic"

You will be given an opportunity to discuss anaesthetic options and risks with your anaesthetist before your surgery.

If you have any concerns or queries, please speak to your consultant or a member of their team before you are due to have this treatment.

Getting ready for your operation

You will usually be seen in the pre-operative clinic before you are admitted to hospital. Here you will have blood tests and possibly a heart trace and a chest X-ray, if appropriate. You will be assessed to see if you are fit for the anaesthetic.

The staff will ask routine questions about your health, the medicine you take at the moment and any allergies you may have.

You will be given instructions on when to stop eating and drinking pre-operatively and provided with details of any of your usual medication you need to take, or not, on the morning of your surgery.

It may be that certain medication will need to be stopped for a few days prior to surgery and, if appropriate, you will receive instructions about this also.

It is also important that, if you are able, you have a shower or bath if you are able, the night before your surgery or in the morning before you arrive for your admission.

You may have already signed a consent form during your clinic consultation and therefore confirmation of your wishes to proceed with surgery will only be required on the day of your operation.

The day of your operation

In most cases, you will come into hospital on the day of your operation.

Please bring any medication you are taking to hospital with you.

Please leave all cash and valuables at home. If you need to bring valuables into hospital, these can be sent to General Office for safekeeping. General Office is open between 8.30 and 4.30 Monday to Friday. Therefore, if you are discharged outside these times we will not be able to return your property until General Office is open. The Trust does not accept responsibility for items not handed in for safekeeping.

You will be asked to remove jewellery. Plain bands can be worn but they will be taped. • Please leave body piercings at home. False nails and nail polish will also need to be removed.

You will be asked to take a shower, if you have not had one already, and asked to put on a gown and disposable underwear.

- A bracelet with your personal details will be attached to your wrist.
- You may be prescribed some medication to take before your operation by the anaesthetist.
- A member of the nursing staff will give this to you.
- A theatre porter will escort you to the operating theatre.
- Your dentures, glasses or hearing aid can stay with you on your journey to the operating theatre.

When you arrive in the waiting area, a theatre nurse will check your details with you.

You will then be asked to put on a disposable hat.

What should I expect after my operation?

After your operation you will be kept in the theatre recovery room before being transferred back to the ward/day case unit. A nurse will check your pulse, blood pressure, and breathing rate regularly. It is important that if you feel any pain you must tell the nursing staff, who can give you painkillers to help.

The nursing staff will also advise you when you can start taking sips of water. Anaesthetic can sometimes make some people nauseous. If you feel sick we advise you not to drink until this feeling has passed. You may need to be prescribed medication to help settle your nausea.

The first time you get out of bed, please make sure you ask a nurse for assistance/supervision. This is in case you feel dizzy or unsteady. It is also important that you do not put your operated foot to the floor until the physiotherapist has assessed you using crutches and provided you with a stiff-soled sandal, which you will have to wear every time you put your foot to the floor or walk for the next six to eight weeks. You will be shown how to put your weight through your heel /hind foot so you will not disturb the operation site.

Your foot will be bandaged following your bunion surgery. The physiotherapist will assess and advise you of the safest way to use your crutches, especially if you have stairs to manage at home. You will also receive advice on exercising your ankle to keep your joints moving to prevent stiffness and blood clot formation caused by reduced mobility. You must keep your bandages always dry and undisturbed to help prevent infection.

Going Home

If you go home on the day of your surgery and have had a general anaesthetic or sedation, you must have a friend or relative to take you home and have a responsible adult to stay with you for 24 hours. However, in most cases you need to stay overnight in hospital to allow you to be assessed by the physiotherapist.

For next 24 hours **you must not**

- Travel alone.
- Drive any vehicle e.g. car, scooter or ride a motorcycle or bicycle.
- Operate machinery (including domestic appliances such as a kettle).
- Climb ladders.
- Make important decisions, sign any business or legal documents.
- Drink alcohol.
- Return to work within 12 hours of treatment. Your general health and any medicines you are taking may increase the time you need off work.

You should

- Take it easy for the rest of the day, avoid strenuous activity.
- Take your medications as usual.
- Let someone else care for anyone you usually look after, such as children or elderly or sick relatives.

Discharge Information

Pain relief and medication

The nursing staff will advise you about painkillers before you leave the hospital. Please tell the nurses what painkilling tablets you already have at home. By elevating your leg so your heel level is above your hip level, this will also help to reduce your pain and swelling.

Your wound

Your wound dressing and bandages are usually left undisturbed until your first clinic review at fourteen days post-operatively.

If you have any concerns at all, such as extra pain, swelling, oozing or you feel generally unwell following discharge please contact your consultant or team immediately as this may be due to post-operative infection. It is also important to contact the foot and ankle specialist nurse on Tel: 0151 282 6471. It may be that a sooner appointment for review is required.

Returning to work / driving

You can self-certify for the first seven days of sickness. Before you are discharged, a medical certificate (fit note) will be issued by your hospital doctor if you require one, to cover the expected time off you will need.

Your consultant will inform you how long you are likely to need off work, which is dependent on your occupation. Time off is usually required for around eight weeks on average depending on your recovery. Returning to driving depends on your healing and whether you are back into your normal footwear. This is usually around seven to eight weeks post-op.

Further Appointments

You will be followed up in outpatient clinic nine to fourteen days after your surgery when your wound will be assessed and any sutures removed. It may be possible for you to have a special toe alignment splint applied, in place of the bandages.

This will help to maintain the position of your big toe and will also eventually allow you to wash your foot, depending on your wound healing. You can also adjust the splint should it start to feel loose, but you must continue to wear your stiff-soled sandal whenever you put your foot to the floor.

You will also be instructed on how to carry out gentle great toe joint exercises, which can usually begin at around four weeks post-surgery.

You will then return to follow-up clinic four weeks later for check X-ray and consultant review. You may be able to return into normal footwear and a good initial shoe is a trainer type, which will allow for the extra swelling at this early six week stage.

Feedback

Your feedback is important to us and helps us influence care in the future.

Following your discharge from hospital or attendance at your outpatient appointment you will receive a text asking if you would recommend our service to others. Please take the time to text back, you will not be charged for the text and can opt out at any point. Your co-operation is greatly appreciated.

Further information

Orthopaedic Specialist Nurses

Sharon Moore and Gaby Jones

Tel: 0151 282 6471 (answer phone) or mobile number 07785703726 Mon-Fri 8am-4pm

Foot and Ankle secretaries Tel: 0151 282 6746/ 6813/ 5579 Mon-Fri 8am-4pm

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All Trust approved information is available on request in alternative formats, including other languages, easy read, large print, audio, Braille, moon and electronically.

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