

HALLUX VALGUS – LAPIDUS BUNIONECTOMY – 4 weeks NWB

Information: Bunions, or hallux valgus, are due to a deformity and can be treated without surgery. However, when non-surgical management fails and you decide to have surgery, then the deformity has to be corrected. This can be done by performing a fusion of the first tarsometatarsal joint, which requires removing the cartilage in the joint and then using plates and screws to hold the bones together while they heal. The proximal phalanx of the big toe may need to be broken and realigned. Soft tissues around the bunion may also be released and tightened as needed to correct the deformity. Often, patients have other deformities and/or painful conditions that may be fixed at the same time such as hammertoes, bunionettes, crossover toes, etc. The 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, need for future surgery, a blood clot and/or pulmonary embolism, and/or perhaps a condition you may feel is worse or not much better from your preoperative status. If it is your right foot, then most patients resume driving at 6 – 8 weeks after surgery.

On the Day of Surgery: The scheduling team will call you with your arrival time one day prior to your surgery. Once you arrive at the facility, the staff will direct you where to go. I will meet you in the preoperative holding area where we can discuss any remaining questions that you have and review the surgical plan. You and the anesthesiologist will determine the type of anesthesia that is best for you. Often, a block is provided by the anesthesiologist. This will decrease the amount of pain after surgery. The risks of anesthesia/block will be discussed with the anesthesiologist. You will then be brought to the operating room.

After Surgery: I will discuss the details of the surgery with your guest and review the postoperative plan. You will be taken to the recovery room and sent home when the nurses and anesthesiologist think you are suitable for discharge. For the first four weeks, you cannot put any weight on your operative foot. You will be sent home on pain medicine with the hope that you can discontinue it as quick as possible.

Anticipated Postoperative Course:

Time Postoperatively	Description
0 – 2 Weeks	Elevation above the heart is <i>EXTREMELY</i> important during this period. Non-weightbearing for the first 2 weeks in a splint and bunion dressing.
10 – 14 Days	Appointment with Dr. Boden. Anticipate splint and suture/staple removal. You will be given a short CAM boot. Non-weightbearing X-rays of the operative foot will be obtained.
2 – 4 Weeks	Continue non-weightbearing in the short CAM boot. You may remove your foot from the CAM boot to do gentle ankle range of motion exercises.

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

4 – 6 Weeks	Gradually advance from touchdown weightbearing to weightbearing as tolerated in the short CAM boot.
6 Weeks	Follow-up appointment with Dr. Boden to monitor progress. Weightbearing X-rays of the operative foot will be obtained. You may choose to transition to a postoperative shoe. We may also begin PT at this visit if necessary.
6 – 8 Weeks	Continue weightbearing as tolerated in the short CAM boot or postoperative shoe. You may walk short distances as tolerated. Avoid strenuous physical activity during this time.
8 – 12 Weeks	At 8 weeks postoperatively, you may slowly remove the short CAM boot or postoperative shoe. When you are out of the postoperative shoe and into a comfortable sneaker, you may begin to advance to non-impact activities as tolerated (walking and/or elliptical). No high impact activities allowed.
3 Months	Follow-up appointment with Dr. Boden to monitor progress. Weightbearing X-rays of the operative foot will be obtained. You will likely be able to put on a comfortable sneaker by 3 months postoperatively. Slowly advance to all activities as tolerated over the next 3 months.
3 – 6 Months	Gradually advance to all activities. You will begin to feel that this is “behind you,” and although you are not fully normal / healed, you should be doing quite well. Swelling is the last issue to resolve and may be 6 – 12 months for any foot surgery.
6 Months	Follow-up appointment with Dr. Boden to monitor progress. Weightbearing X-rays of the operative foot will be obtained. A CT scan of your foot may be obtained to assess healing of the fusion site.
12 Months	If there are no issues, this is your final follow-up appointment with Dr. Boden. Weightbearing X-rays of the operative foot will be obtained. I’m happy to see you at any time postoperatively if there are any issues or you have any concerns. <i>Thank you for the opportunity to take care of you!</i>

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