NHS
Greater Glasgow and Clyde

Information about

# Common conditions affecting the big toe (bunion and arthritis)



## Statement of Use

The information in this leaflet is intended solely for the person to whom it was given by the health care team and is provided as a guide. If you have questions about any aspect of your care, or this booklet, please ask us.

Problems to the big toe are commonly due to a bunion, arthritis or both.

This leaflet will give you some information about

- Bunions
- Arthritis
- How you can help yourself with simple treatments
- Help to make you feel more comfortable.

This leaflet also gives you information if you feel your symptoms are not getting better despite these treatments and you wish to consider surgery.

## What is a bunion?



A bunion is a bony bump at the base of the big toe joint with the big toe tilting towards the neighbouring second toe.

The medical term for the deformity is Hallux Valgus.

## Does my footwear cause bunions?

In many cases bunions can be hereditary however tight footwear can squeeze the foot and make it worse.

## What problems do bunions cause?

Some people have no problems with bunions at all other than perhaps thinking they look “ugly” or “unsightly”.

When bunions are a problem it is usually due to pain around the big toe and, or footwear problems.

The bump can make the foot wider and it can be difficult to find comfortable footwear.

Sometimes the bump can become reddened, inflamed and swollen and in some cases the skin can blister.

Hard skin and calluses can form around the big toe and under the ball of the foot which in turn can be uncomfortable.

## Arthritis in the big toe





The medical name for arthritis in the big toe is hallux rigidus.

When arthritis affects the big toe, the joint can become painful, stiffened and bulky with a bump more on the top of the toe joint rather than to the side like a bunion. The big toe generally is straight however can still tilt similar to a bunion.

The toe can be painful when walking and at rest. If the bump is large it can rub due to footwear and the skin can become reddened, inflamed and swollen and in some cases the skin can blister.

## What are the treatment options?

The treatment options are

- Non-surgical or
- Surgical.

### Non-surgical treatment:

- **Painkillers** - simple painkillers such as Paracetamol and Non-steroidal inflammatory drugs such as Ibuprofen (if these are suitable for you). You can buy these at the chemist. You can take these for short periods of time if your symptoms flare-up.
- **Pads** - You can try padding, supports, insoles and toe separators to help make your foot and toe more comfortable and to stop footwear rubbing. These can be very helpful and although they will not physically straighten your toe or get rid of the arthritis in the joint, they can make you comfortable enough that you do not need to do anything further.
- **Local podiatry service** - They can remove painful hard skin, help with padding assess if you need insoles or orthotics and supply these, as well as providing suitable exercises and foot wear advice.

  You can self refer by calling the following number for your area:

  - Glasgow: **0141 347 8909**
  - Lanarkshire: **01236 731881**

- **Changing your footwear** - changing to wider footwear to accommodate the width and depth of your foot can also improve symptoms.

  When the big toe has arthritis, sometimes changing to a shoe style with a stiffer sole can help.

  If you look at a shoe 'side on' and the toe area of the shoe is sitting off the ground this gives the shoe a 'rocker effect'.

  The 'rocker effect' stops the big toe joint from bending as much when walking, relieving painful movement whilst creating a rocking forward effect to help you walk more comfortably.

  You **do not need** to buy expensive or specialist designed shoes or "tone ups" to have a rocker sole. Many shoes have this "rocker" effect as part of the normal shoe make up.

  A very simple look at the shoe or boot side on can help you determine if the shoe has this rocker effect. Many purpose walking shoes, boots and trainers have these features already. (Please see the images below).

  Sometimes this rocker effect can be added to your own footwear by an orthotist or cobbler if necessary.





If non-surgical treatments don't help your pain, surgery may help.

## Surgery:





The purpose of surgery is to reduce pain and improve function. We will not offer surgery to improve the appearance of your foot. The recovery for surgery to the big toe can be long and frustrating. However if you feel your toe is problematic enough, surgery may be an option for you.

## Big toe Surgery:

- **Bunion** - The aim of bunion surgery is to straighten the big toe and relieve the discomfort. There are several procedures for bunion surgery and the best surgery for you depends on the size of your bunion and whether you have any arthritis or instability in your foot.

  For most people the surgery is a bony surgery where the bones of your toe are cut and reset to straighten your big toe. This is called an **osteotomy.** We still expect you to be able to end your toe after the surgery.

- **Arthritis** - If your big toe joint has significant arthritis, we may recommend surgery to fuse the toe joint together. This will still straighten your toe however it will additionally involve knitting the bones of the big toe together making the joint permanently stiff. This surgery is called an **arthrodesis.** You can still walk comfortably with the joint stiffened.

  If the big toe joint has a little arthritis or only a problematic bump on the joint with problems fitting into footwear, some times a procedure called a **chilectomy** can help. This procedure essentially will "tidy up" the uneven edges around the joint due to the arthritis. This procedure will not address all the arthritis issues. We will assess you to decide which procedure is best for you.

  During these surgeries the bones are held in its new straightened position with small screws and, or staples. You will not see the metal work unless you have an x-ray. We do not usually remove the metal work although if it causes any problems we can remove it at a later date.

If you have surgery for your big toe the surgeon will meet you to:

- assess your foot and
- discuss with you which surgery would be best for you before the date of your surgery.



## The surgery:

Most of these surgeries are Day Case procedures where you would come in and go home on the same day. If you have any underlying medical conditions we may need to admit you to hospital overnight. We will assess you for your suitability for a day case procedure.

The anaesthetist will meet you before your surgery and discuss the best anaesthetic for you. Most patients have local anaesthetic nerve blocks to numb the foot along with sedation or a general anaesthetic. However the final choice will be made following discussion between you and the anaesthetist about what would be best for you.

## Recovery after surgery:

During your recovery period, you will need to limit your normal daily, family, work and driving commitments. (Please see below)

You will be able to look after yourself (for example going to the toilet and simple cooking activities). Please follow the advice below for several weeks after your surgery.

- **No house hold chores** - e.g.: hoovering, standing to cook, cleaning etc
- **No shopping** - e.g.: walking to or from the shops, carrying bags and walking up and down shops aisles
- **No walking the dog**
- **No looking after young children or elderly relatives**
- **No driving** - previous research indicates your normal foot reaction time does not return until you are about 8 weeks after your surgery.

- **Time off work** - even if you have a 'sitting job' you must be able to raise your foot at a height that will help drain any swelling whilst sitting. The nature of your work will determine when you are able to return, we suggest that you consider the following:

  - How do you travel to and from work?

  - Do you do a lot of standing or walking at work?

  - If possible can you work shorter or fewer days?

  - Can you work from home?

### Please note:

You may wish you go out with friends and family however might not manage public transport or be able to walk further than from door to door.

You are best to be on your feet for very short periods at a time rather than a single longer period.

Being on your feet too much too often will cause more swelling which in turn can make you feel very uncomfortable and ultimately will delay your recovery.

We would suggest that when sitting you always raise your foot as high as you can comfortably - you should continue to do this for at least 6 weeks after your surgery.

## When go you home

Your foot and ankle will be bandaged. You will only be able to walk on the heel of your foot and you will be wearing a special sandal and will have crutches.

At home, it is important to raise the foot when sitting and rest over the first few weeks to help the swelling settle. You should restrict your normal activities as suggested above.

You must also keep your bandage dry. The bandage does not need to be changed until your first clinic appointment.

If you have any problems you can contact the department for advice.

## Care after your surgery

**10 - 14 days after your surgery you will attend the Nurse Led Clinic**

- The nurses will check your foot and your surgical wound.
- You may have an x-ray
- You will continue to weight bear using the sandal we gave you, restrict your activities and raise your foot until your next appointment.
- We will tell you if you can bathe your foot.

**6 - 8 weeks after your surgery**

- You will have an appointment at the Nurse Led Clinic and will see the podiatrist.
- You will have an x-ray.
- At this stage you should be able to start to increase your weight bearing and level of activities. If your swelling is improving you will be able to start to wear your own foot wear again.

**After 6- 8 weeks:**

You will start to walk normally and return to wearing regular footwear. It is normal for you to have some swelling and this may last for several months but should gradually settle. Your toe may be stiff to start with however this normally improves with time and exercise.

It may take 3-6 months for you to be back to your normal level of activity where you will be able to work standing all day or carry out a large supermarket shop. However every person is different.

We do not expect you to have any long lasting problems however foot surgery will take many months to settle.

## What are the risks of surgery?

There are always risks with surgeries and although these risks are small, they can and do happen on occasion. Overall around 80% (8 out of 10) of patients have good or excellent results from foot surgery. However you should consider these risks before you decide to have the surgery. The more common complications are listed below:

- **Recurrence** - unfortunately bunions can come back after surgery. However they may not always be as problematic as they were before your surgery.
- **Non or malunion** - this means that the bone does not heal or heals in a position which may need further surgeries.
- **Stiffness or swelling** - this can last up for months after surgery.
- Wound healing problems
- Infection
- **Nerve or vessel damage** - painful scarring, nerve pain
- **Thromboembolism** - blood clots in the deep venous system which can travel to the lung (pulmonary embolism)
- Anaesthetic risks

Only you know how much the pain and problems caused by your big toe problem affects you, so only you can decide if non-operative treatment is enough for you, or whether you wish to have surgery.

**If you wish to speak with an experienced health professional for more information, advice, or an appointment please contact the Helpline on: 0141 201 3114 or 201 3105. We will aim to return your call within 72 hours.**