

Dr John Negrine
Foot & Ankle Surgeon
M.B., B.S. (Syd), F.R.A.C.S. F.A. Ortho. A.

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HALLUX VALGUS (BUNIONS)

Bunions in general are caused by shoes (they do occur in children occasionally) so shoes are not the full story.

The commonest patient I see with bunions is a lady in her 60s who has worn fashionable shoes in her 20s, 30s and 40s.

Bunions are usually painful when an ill fitting shoe rubs on the bunion. Bunions do not always progress and one the most important questions I ask patients is:

Do you feel your bunion is any worse than five years ago?

The symptoms of bunions can be treated nonsurgically with wider shoes, widening the shoes, topical anti-inflammatories and toe separators if the great rubbing on the second toe is an issue.

Various suggested treatments such as insoles in the shoes, splints to hold the great toe straight or injectable materials will not make the bunion go away.

The only way to correct the bunion and restore the anatomy is surgery.

Who needs surgery?

In my opinion a bunion that is progressing in a young patient or a painful bunion needs surgery. There is not an absolute indication for surgery. Bunions usually cause problems with footwear but do not cripple patients.

It is said that there are 130 different operations for bunions. These days most operations consist of some form of osteotomy (cutting and realigning the bone and fixing it with screws) and some form of soft tissue correction. You can't just "saw off the lump"!

With modern techniques bunion surgery is not painful but bunion surgery is usually inconvenient.

No matter what technique is performed for the first few weeks the patient does need to rest their foot one to 2 hours a day on their feet. If the right foot is operated on the patient cannot drive for at least three weeks.

In general, the patient is able to walk, cycle and swim for exercise at six weeks and get back to running or a game of tennis at approximately three months.

Orthopaedic Surgeons

J. Goldberg
A. Turnbull
R. Pattinson
A. Loeffler
J. Negrine
I. Popoff
D. Sher
T. Gothelf
K. Yeoh

Sports Physicians

J. Best
H. Hazard
M. Cusi
P. Annett