

incisions. Initially, one of the tight ligaments on the opposite side of the bunion is released. Then the bunion is shaved. Following this the metatarsal bone is cut and adjusted to narrow the foot and realign the joint. This is called a Scarf Osteotomy and a small screw is placed in the bone at this time to provide solid fixation. After this a fine wedge of bone is removed from the phalanx bone to straighten the toe. This is the Akin Osteotomy and a small staple is used to hold the bone in place. Finally the joint capsule is tightened where it had been stretched by the bunion and the skin is closed. The metalwork does not need to be removed.

However recently minimally invasive surgery has become popular which avoids the large incision needed for the scarf. This technique has been performed in various places in Europe for a few years but now surgeons in the UK have refined the technique. The minimally invasive bunion operation performed by Mr McKinley is called the MICA – Minimally Invasive Chevron Akin Osteotomy. This is performing an osteotomy quite similar to the Scarf through a tiny keyhole using a special cutting burr. The bone is fixed with two screws, again through small incisions. An Akin osteotomy is added if necessary and a release of the tight ligament also performed. The advantage of the technique is that there is less disruption to the soft tissues, therefore reducing the swelling and stiffness. Recovery tends

to be quicker and the skin incisions are barely visible.

Before the operation

If you are a smoker, you should try to stop smoking as this increases the risk of wound complications after the operation. If you know that you have problems with your blood pressure, your heart, or your lungs, ask your family doctor to check that these are under control. Check you have a relative or friend who can come with you to the hospital, take you home, and look after you for the first week after the operation.

After – in Hospital

You will have some local anaesthetic injected into the foot or at the back of the knee at the time of the surgery and this will help to relieve some of the initial pain. Occasionally a nerve block may last 24 hours or even longer. You should start taking regular analgesia as soon as the local anaesthetic starts to wear off.

After – at Home

For the first week or ten days it is important to take things as easy as possible, you should rest with your foot up as much as possible – this helps to reduce the swelling and therefore the risk of wound problems. Most patients require regular analgesia for the first couple of weeks.

The initial dressing is sterile and in most cases should be left untouched until wound check at around 10-14

days. However if the dressing gets wet, if there is excessive leakage, if the pain gets worse or if the dressings start to smell you should arrange for a dressing change.

Possible Complications

As with any operation under general anaesthetic there is a very small risk of complications related to your heart or your lungs. The anaesthetist will assess you before the operation and will make sure that you can have the operation in the safest possible way.

These are similar for both types of operation, but wound problems less common with the MICA. Wound healing problems are more common in the foot than in other parts of the body as a result of the blood supply. They take 10-14 days to heal compared to for example 5 days in

the face. As a result of this there is an increased chance of wound infection. Generally any wound infection can be treated with simple antibiotics and dressings as long as the infection does not get into the deep tissues. The bone is generally united by six weeks – this can take longer and in rare occasions this can result in loss of position or failure of the metalwork. Swelling can be prolonged. Generally the foot will fit into normal shoes by three months, but can take much longer. The screws generally stay in the foot, but occasionally require removal.

At the end of the surgical procedure the position of the toe should be perfect, but in a small percentage of patients the toe can drift back slightly.



Photograph six weeks after minimally invasive osteotomy

Many patients describe nerve type pain in the first few weeks which they describe as burning or small electric shocks. In about 1 in 1000 this may be permanent and a condition called complex regional pain develops. This is very difficult to treat and may result in intractable pain.

However it should be remembered that all these complications are uncommon and most people are very happy with the surgery. Most people are able to get back to work at about six weeks, those in mainly sedentary jobs often return earlier. It takes at least three months to achieve full recovery and to get back to all pre-surgery activities.

Immediate weight bearing is possible and you will not have a plaster cast on your foot – just bandages and a surgical shoe. You will probably be in hospital for a few hours after the operation or overnight in some cases, particularly if both feet are operated on at the same time.

The price for a minimally invasive bunionectomy is:

£4400.00 for unilateral (one foot)
£5900.00 for bi-lateral (two foot)

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Minimally Invasive Bunionectomy

Bunions occur when a bony mass forms on the joint at the base of the big toe. Bunions often develop when the big toe bends towards the second toe. The joint of the big toe becomes prominent and can rub on your shoes, causing a bunion. Bunions can be problematic as they can change the shape of your foot and lead to swelling, pain and tenderness around the big toe.

The new minimally invasive (keyhole) procedure uses similar techniques to the traditional method but rather than being performed with open surgery, the whole procedure is carried out through tiny incisions. This means there is much less tissue being disturbed so there is less swelling and minimal scarring after surgery. The operation is often performed as a day-case procedure which means patients can usually return home on the day of surgery without the need for an overnight hospital stay.

In general a cut is made over the abnormal joint, the bony lump on

the side of the joint is then removed. A bone in your foot is cut and your toe moved into a better position. The bones are generally held with a screw or special staple until they heal together. The skin wound is then closed up with stitches. You may need a separate cut between your first and second toes to help the correction and if needed the second toe will be straightened.

There have been many osteotomies described to carry out the correction over the years. In the last ten years the Scarf osteotomy has become the most popular in the UK. The procedure has 5 components performed through one or two

