

Minimally Invasive Hallux Valgus Correction

WHAT TO EXPECT BEFORE DURING AND AFTER SURGERY

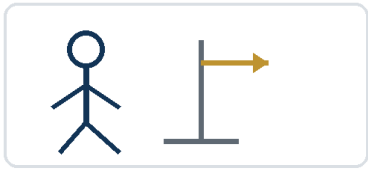
This guide explains the usual surgical journey for minimally invasive correction of hallux valgus, commonly called a bunion. The exact bone cuts, soft-tissue correction and recovery plan depend on the severity and shape of the deformity.



BEFORE SURGERY



DURING SURGERY



AFTER SURGERY

WHY SURGERY MAY BE RECOMMENDED

Hallux valgus occurs when the big toe drifts towards the smaller toes and a painful prominence develops at the inner forefoot. Surgery may be considered when pain, footwear difficulty or reduced function continues despite suitable shoes, activity modification and other nonsurgical care.

PREPARING FOR SURGERY

- Choose loose clothing and arrange a wide supportive shoe for the later stages of recovery.
- Tell the team about medicines, supplements, allergies, smoking and medical conditions.
- Follow the hospital's fasting and medication instructions.
- Arrange transport home and plan to elevate the foot frequently during the first two weeks.
- Prepare a safe walking area and obtain the postoperative shoe or crutches if prescribed.

WHAT HAPPENS DURING SURGERY

- The correction is performed through several small incisions under anaesthesia.
- Small bone cuts are made to realign the first metatarsal and big toe.
- The corrected bones are usually stabilised with screws; additional soft-tissue or lesser-toe procedures may be needed.
- X-ray imaging is used during surgery to confirm alignment and fixation.
- Most patients return home on the day of surgery.

YOUR EXPECTED RECOVERY

FIRST 2 WEEKS	Keep the dressing clean and dry, elevate the foot and use the postoperative shoe. Walk only as instructed, usually for essential short distances.
2 TO 6 WEEKS	Continue the protective shoe and dressing or toe-positioning plan. Gentle toe movement may begin when authorised. Swelling remains expected.
6 TO 12 WEEKS	X-rays guide progression into wider footwear and normal walking. Low-impact exercise and strengthening increase gradually.
3 TO 6 MONTHS OR LONGER	Most daily activities improve progressively, but forefoot swelling can persist for many months. Running and impact require clearance.

COMMON RISKS TO UNDERSTAND

Infection, blood clots, wound problems, nerve irritation or numbness, stiffness, delayed or failed bone healing, hardware irritation, recurrence, over-correction and persistent pain are recognised risks.

SEEK URGENT MEDICAL ADVICE FOR

Fever or wound discharge; increasing redness or uncontrolled pain; new calf swelling or pain; chest pain or breathlessness; discoloured or numb toes, a wet dressing or a new injury.

Important: This general information does not replace your consultation, consent discussion or individual surgical instructions. Your surgeon's directions take priority.

EVIDENCE BASE

FootCareMD, American Orthopaedic Foot & Ankle Society, Bunion Surgery. • NICE Interventional Procedures Guidance. Minimally invasive percutaneous surgical techniques with internal fixation for correcting hallux valgus. • Nix S et al. Hallux valgus: a systematic review. J Foot Ankle Res. 2010;3:21.

