

Bunionectomy Consent Form

What is a bunion?

A bunion is a bump on the big toe side of the foot and is actually bone. It may be red and painful whether you are walking or resting. The first metatarsal, the large bone located where the toe meets the foot, rotates outward and pushes your big toe inward toward your other toes. This can sometimes cause your toes to overlap, which causes pain.

What causes bunions?

Bunion formation runs in families, so if a parent or other relative has a bunion, you have a higher risk of also developing a bunion. Bunions can be irritated by friction from ill-fitting shoes. Wearing high-heeled shoes puts unwanted pressure on the joints of the forefoot, which can result in painful bunions. Bunions may be caused by a congenital anatomical deformity, flat feet, a tight Achilles tendon, polio, or rheumatoid arthritis. Even if you develop a bunion, it may not progress to the point where it needs surgical correction. Nonsymptomatic bunions can be managed by appropriate shoe wear.

When choosing shoes, follow these tips:

- Judge the shoe by how it fits and feels on your foot, not by the size marked on the shoe or the box.
- Measure your feet regularly as you grow older. Foot size changes with age.
- Try on shoes late in the day when your feet are at their largest.
- Do not wear shoes that feel too tight. Do not expect them to stretch.
- Make sure your heel fits comfortably in the shoe with minimum slippage.
- Walk around in the shoe to make sure it fits well.

Diagnosing bunions

Diagnosis of bunions is based on physical examination, a complete history of your symptoms, and diagnostic studies. Diagnostic studies help the podiatrist determine the precise nature of the deformity. He or she can determine the extent of the problem with the big toe and how much the second toe is involved. Your podiatrist will assess your standing and walking to determine whether or not your gait is affected. Your range of motion will be tested as well, and a vascular and neurologic assessment will also be made prior to treatment.

Conservative treatment of bunions

Before surgical correction of bunions is undertaken, the podiatrist may treat your bunion with conservative measures.

Conservative treatment modalities include:

- Activity modification, rest and elevation of the affected foot;
- Changing to footwear that puts less pressure on the tender area;
- Soaking the foot in warm water;
- Anti-inflammatory medications;

- Steroid injection into the area surrounding the affected joint;
- Orthotic devices;
- Using cushioned padding in the shoes;
- Taping the foot to retain normal positioning;
- Physical therapy, including ultrasound therapy or whirlpool baths.

Surgical correction of bunions

If nonsurgical treatment is not successful, your podiatrist may suggest surgery. Studies show that 85-90% of patients who have bunion surgery are satisfied with the results. The goal of bunion surgery is not to improve the cosmetic look of your foot. The goal of such surgery is to relieve your pain and correct your foot deformity.

If your bunion causes foot pain that restricts your everyday activities, you may benefit from bunion surgery. Other indications for surgical correction include chronic inflammation that does not improve with rest or medication.

A bunionectomy involves removing the lump of bone that bulges out from the side of the foot. Removing the bump, however, does not fix the alignment of the patient's big toe. Surgeons then remove a section of bone from the patient's big toe. This procedure, called an osteotomy, is used to straighten out the patient's big toe. Often a surgeon sees a need to realign the ligaments around a patient's big toe during bunion surgery. These procedures are performed to adjust ligaments around the big toe joint.

Both the traditional and minimally invasive bunionectomy techniques are performed at the *United Foot & Ankle Surgeons*. Due to the fact that the minimally invasive techniques are less traumatic, and the recovery time shorter, most patients prefer this method of correction. Each patient is unique, and the doctor will discuss which technique he feels best suits the patient for optimal outcome.

Traditional Bunionectomy

Traditional bunion surgery requires incisions approximately 5 to 6 cm long at the great toe joint and the removal or realignment of soft tissue and bone to relieve pain and restore normal alignment to the bones. The bones are surgically broken and then realigned and stabilized with wires, screws, pins or plates. A patient can expect about a 6 week to months recovery period during which crutches are usually required for aid in mobility because patients are non-weight-bearing. A cast is also sometimes used and the patient may be non-weight bearing.

Minimally Invasive Bunionectomy

Dr. Ahn does a minimally invasive ambulatory surgical technique to correct bunions. It involves making a small incision **less than 1cm** to remove the bony exostosis or bump located along the side of the foot. He then makes another small incision on the top of the big toe to bring it into proper alignment or position. The small surgical incisions enable the surgeon to use fine specially designed instruments to obtain the best cosmetic result.

Sometimes additional procedures may be required such as correcting a second hammertoe or low metatarsal bones often seen in conjunction with bunions. These procedures are also done with the minimally invasive incision surgery and the doctor would be able to determine if this is

needed during your foot exam, which would involve x-rays unless you have had some recently taken.

Surgery is performed under Fluoroscopic viewing. There is generally less trauma to the tissue and surgical times are lessened with this technique, reducing pain and recovery time. Less suturing is necessary and often times no sutures are used. Postoperative patients ambulate immediately and are often placed in a surgical shoe or boot to aid ambulation.

MIS surgeons are able to rely on a compression dressing for stabilization immediately after surgery, eliminating the need for pins or screws enabling immediate ambulation. Most of the time it is unnecessary to fuse the toe joints.

Getting back into regular type shoes depends on rate of healing and amount of swelling, which is very individual. You will have a bulky dressing the first week. Your doctor usually likes to see you back at the clinic after two to three days for redress, if physicality allows, or 5 days after surgery for our out-of-town patients. In one week your dressing is changed to band-aids or bandage strips, a spongy material toe separator and disposable ace bandage type wrap which you yourself change daily. This dressing is worn three to four weeks. No dressing is usually required after this.

The usual surgical outcome

Most patients have a significant decrease in pain after surgery and greatly improved alignment of the big toe. Your outcome will depend on how severe your bunion deformity was before surgery, your medical condition, your age, and your compliance with postoperative instructions. In general, there may be some degree of swelling of the foot for three to six months following surgery.

Your podiatrist will follow you closely during this postoperative period and recommend exercises or physical therapy to improve foot strength and range of motion. Depending on the extent of your condition, you can expect a recovery period of at least six to eight weeks, or longer. During that time you may be required to wear a special shoe or boot, or even a cast to provide stability to the foot. Your doctor will tell you when you can walk on your foot again.

Risks of bunion surgery and potential complications

Even the most minor surgical procedure has a degree of risk. Your podiatrist will go over the most common problems that have occurred after bunion surgery. These include infection, recurrence of pain, nerve damage (which could be chronic), recurrence of the bunion, poor healing, bleeding, scarring, blood clots, or allergic reaction. Most complications are treatable, but may increase your recovery time. Although it is rare, you could experience stroke, heart attack, loss of a limb, or death.

Your podiatrist will go over all these possibilities with you so you have a full picture of what to expect. After he or she has described these potential risks to you, you will be asked to sign a form called an informed consent form. Be sure to ask questions if you are uncertain about what you are being told, and make sure your questions are answered to your satisfaction. Your signature on this form indicates that your questions have been answered and you have been informed of the risks and potential complications of bunion surgery.

Postoperative recovery

It is important that you follow your podiatrist's instructions completely following the surgery. You will be following up with visits to your podiatrist regularly for several months after your surgery.

You should call the office immediately if you notice any of the following:

- Fever of 101°F or higher and/or chills;
- Persistent, uncomfortable warmth or redness around the dressing;
- Persistent or unbearable pain;
- Bloody drainage;
- Nausea and/or vomiting;
- Pain, redness, or swelling in one or both legs;
- Feeling anxious;
- Chest pain, shortness of breath, or coughing.

You will be sent home after surgery with a dressing to hold your toe in the realigned position. You may or may not receive a special surgical shoe to wear for some time. You should notify your podiatrist if your dressing comes off or gets wet, or if you notice blood or other drainage on it. It is very important to leave the dressings in place and not get them wet or dirty. If you have difficulty with your dressings, call your podiatrist.

Postoperative office visits

Ordinarily you will see your podiatrist three or four days after surgery for a dressing change, and postoperative X-rays may be taken at that time. About two weeks after surgery your podiatrist will remove the stitches. Once the stitches are removed, you may be able to bathe normally. Be sure to ask your doctor for instructions.

Your doctor will let you know when you can start to wear shoes, and the best type for you. You should continue to faithfully do the exercises your podiatrist has given you. Apply skin emollients, such as aloe vera or vitamin E, around the healing wound as directed. Your doctor will instruct you on when you can walk, drive, and resume other activities.

The postoperative course varies for individuals. For some patients, swelling may last longer and healing may take more time than anticipated. You should try to keep your foot elevated as much as possible immediately after the surgery. Your doctor may instruct you to apply ice to your foot. If so, ask him or her to provide you with specific instructions on how to do this. You could experience some swelling in your foot for several months following the surgery. Contact your doctor if you have questions about your swelling.

Exercise

Be sure to engage in the exercises your podiatrist recommends. These exercises will help restore your range of motion and your foot strength. Do not engage in any strenuous or weightbearing exercises that are not recommended by your podiatrist.

Patient Consent

I acknowledge that *Dr.* _____ has explained;

-my medical condition, conservative methods, type of surgery, and the risk/complications of this surgery

-I was able to ask questions and raise concerns with the doctor about my condition, the proposed procedure and its risks, and my treatment options. My questions and concerns have been discussed and answered to my satisfaction.

-I understand I have the right to change my mind at any time, including after I have signed this form but, preferably following a discussion with my doctor.

On the basis of the above statements,

I request to have the procedure

Name of Patient: _____ Date: _____

Signature: _____

If interpretation given,

Name of Interpreter: _____ Signature: _____

Date: _____