Bunions

The term bunion means “turnip” and can be applied to any bump on the foot, but most commonly refers to a bump along the inside surface of the foot next to the great toe. A bunion can be congenital (noted at a young age with similar presentation in other family members), or it can develop later in life. Bunions have commonly been associated with shoe wear, especially fashionable heels, but there are populations of people who have never worn shoes, but who still have bunions.

Why does a bunion hurt?
Much of the pain from a bunion is due to mechanical irritation of the structures at the bump. These are often improved with non-operative management. Pain can also result from abnormal force through the joint, this often remains symptomatic despite non-operative management.

Non-operative Management
• A shoe with a wide toe box decreases mechanical symptoms over the bunion.
• Bunion pads (donut pads) can decrease shear stress over the bunion.
• Toe spacers can also decrease pressure over the bunion.
• Night splints, wraps, etc. are commonly suggested and are readily available in retail and online stores.

Surgical Management
• The surgical treatment of a bunion involves cutting and manipulation of the bone, and needs to be tailored to the patient and the underlying architecture. Some procedures have been described as minimally invasive or allowing earlier return to activities, but if inadequate surgery is elected due to the desire to return to activities, the risk for redeveloping the bunion is higher.
• Surgery is performed as an outpatient, so you go home the same day using a boot that most times allows early weight bearing through your heel.
• In the post-operative period, a series of bunion splints will be applied in the office.
Examples of surgical bunion correction:

A significant bunion before and after surgical correction.

This patient had both great toes underlapping the 2nd toe. Before correction on the left and after correction on the right.

This patient had procedures by another surgeon on both feet that allowed quicker recovery but did not correct the underlying structural issues and thus her bunions recurred.

This patient had severe bunions and associated smaller toe deformities on both feet. Before and after surgery. The patient was exceptionally happy with the result.