

YOUR BUNION PLAYBOOK

Thank you for joining our team at ValleyOrtho.

We feel you are the most valuable person in the surgery and recovery process. This Playbook is your guide to best prepare for and recover from your bunion surgery.

Each member of your care team plays a valuable role and has been trained to assist you every step of the way.

For post op questions or concerns please call 970-384-7100.

Patient Name:	
Date of pre-op physical with PCP:	
Date of surgery:	
My safe ride home:	
Date & location of follow-up visits at ValleyOrtho:	
1)	
2)	
3)	
Date of first rehabilitation appointment:	
Location:	Phone number:
Patient expectations for surgery & recovery:	
Pain expectation:	
Activity expectation:	

Meet Your Physician, Dr. Noel Armstrong, DPM



Meet Your Physician Assistants:



**EDLIN JARA-
MOLINAR, PA-C**



**DAWN
HERSHBERGER,
PA-C**





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BUNION OVERVIEW

What is a Bunion?

A bunion is the name we give to a bump that forms from the joint at the base of your big toe, but the bump itself is not the whole problem.

The medical term for bunions is *hallux valgus*. This medical term describes the way the bones are alignment differently in the foot. In most bunions, there is instability in the joints around the big toe as well.

This bone alignment change can result in an unstable foot arch, wear and tear in the big toe joint, and put too much pressure to other parts of the foot. This can create difficulties with shoe fit, comfort, redness and irritation. If left untreated bunions can lead to arthritis, hammer toes, pinched nerves, or other foot conditions.



Why do Bunions Form?

Bunions usually form through a combination of genetic and lifestyle factors, but sometimes the reason you have a bunion is not clear.

The tendency to develop a bunion can be inherited, however, even if no one in your family has ever had a bunion, you could develop one. The risk of developing a bunion increases with use of tight, pointed, or unsupported shoes. Other causes of bunions are arthritis or injury to the first joint of the big toe (the joint where the bunion forms).



How is a Bunion Treated?

Unfortunately, bunions do not go away on their own and tend to get worse over time. The size of the bump can swell and shrink according to how irritated it gets, but the bones do not straighten.

Conservative treatments can slow down the progression of a bunion and some bunions can be tolerated using maintenance care. Conservative treatments include:

- Splints, wraps, and taping
- Exercises and stretches
- Orthotics or insoles (help relieve the problems of an unstable arch caused by a bunion)

If the bunion continues to cause problems, despite appropriate conservative care, bunion surgery may be necessary.



BUNION SURGERY

What is Bunion Surgery?

Bunion surgery is an operation designed to correct the deformity caused by a bunion. However, the goal of bunion surgery is not just for improving appearance of the foot. By straightening the bones in the foot there should be an improvement in overall standing balance and the long-term ability to perform more activities with different footwear.

Types of Bunion Surgery

There are different types of bunion surgeries. The type of bunion surgery chosen for you will depend on several factors, including:

- Severity of the bunion
- Age
- General health/comorbidities
- Activity level
- Condition of the bones, joints, and other tissues in the foot

You and your provider will decide what procedure is right for you. Below are types of bunion surgeries:

Mild Bunion

A minimal incision is used to remove the enlarged portion of bone. Muscles, tendons, and ligaments may be realigned around the joint.

Moderate Bunion

A minimal incision is used to cut the bone and shift it to its correct position. The tendons and ligaments around the area may also need to be repositioned.

Severe Bunion

This surgery involves removing the enlarged portion of the bone followed by fusion and stabilization of the joint in the middle of the foot with a screw.

Arthritic Bunion

With arthritis, the joint may be damaged beyond repair. In this case, it may need to be completely fused. This allows the bones to heal together to stop movement and manage pain. Patients often wonder how their toe will feel and function with a fusion; this procedure has extremely high patient satisfaction, faster time to full activity, and less risk of needing additional surgeries when compared to a joint replacement implant to rebuild the big toe joint.

Bunion Surgery Risks

This surgery is typically safe; however, all surgeries have potential risks. These include, but are not limited to:

- Stiffness of the big toe joint
- Numbness at the incision or toe
- Swelling or thickening of the joint and operative site
- Delayed healing, which could mean it takes longer to get you back to your full activities than anticipated
- Infection
- Return of the bunion
- Continued pain
- Overcorrection where the big toe extends away from the other toes
- The implants used to straighten and hold the correction might need to come out, which might require an additional procedure after an initial recovery

PREPARING FOR BUNION SURGERY

Primary Care Provider Physical

Dr. Armstrong will ask you to see your primary care provider (PCP) in preparation for the surgery. They will give you a complete physical exam. This is to make sure that you are in good health before having the procedure. You may have bloods tests or other tests ordered that your PCP feels necessary to ensure your safety.



If you happen to become ill within the weeks or days before your surgery, even with a simple cold, please contact us right away. We may need to reschedule your surgery until you are healthy again. Also, if you get a cut, scrape, rash, or sore on the foot scheduled for operation, please let us know immediately. A skin break could require rescheduling your surgery, due to a small increased risk of infection.

Stop Smoking

Smoking will delay your recovery. You must stop smoking 6 weeks before surgery and do not resume smoking for at least 6 weeks after the surgery to support proper bone healing.



Limit Alcohol

It is best to limit alcohol for 48 hours before surgery. Following surgery, it will also be important to limit alcohol consumption. Excessive alcohol use can delay healing and put you at risk of injury to your healing foot.



BUNION SURGERY TIMELINE

AT LEAST TWO WEEKS PRIOR TO SURGERY

- See your primary care provider for a pre-operative physical
- Schedule you're your post-operative therapy appointments **now**. Outpatient therapy should begin 3-4 weeks after your surgery date. You should schedule therapy for twice a week for 6 weeks to start.

ONE WEEK PRIOR TO SURGERY

- Stop taking all supplements that are not prescribed and the following over-the-counter medications that can cause increase bleeding: Aspirin, Ibuprofen, Naproxen or fish oil
- You will receive a call from the pre-anesthesia team (PAT) who will review your medical history and current medications. They will give you additional instructions on medications that should be held before surgery.
- Minimize surgery and medication related constipation by following the recommendations in the constipation prevention handout

THE DAY BEFORE SURGERY

- The Day Surgery Department will call after 2pm the day before surgery about:
 - What time you should plan to arrive at the hospital
 - When to stop eating and drinking before surgery
 - How to make sure your skin is properly prepped
 - Which medications to take the morning of surgery
 - Call 970-384-7166 if you do not hear from the nursing staff by 5pm

THE NIGHT BEFORE SURGERY

- Remove any nail polish from fingers and toes
- Shower with provided cleansing kit
- Put clean sheets on your bed, and wear a clean set of pajamas
- **DO NOT** allow your animals to be in your bed with you

THE MORNING OF SURGERY

- Shower and repeat cleansing kit process thoroughly
- Do not shave or use any lotions after your shower

THE DAY OF SURGERY

- Arrive and register at the hospital at your assigned time
 - The Valley View Valet is a free service. The Calaway-Young Cancer Center valet is open from 7:30AM to 5PM
 - You will stop at one of the hospital's registration desks 2 hours before your surgery time
 - Registration at the Emergency Department entrance is always open
 - Upper registration on the 2nd floor near the Pharmacy is open from 7AM-3:30PM Monday-Thursday and from 8AM-2:30PM on Fridays
- You will be met by Dr. Armstrong and the anesthesia team and prepared for surgery
- The skin over the bunion will be cleansed with an antiseptic solution
- An IV (intravenous) line may be started in your arm or hand

AFTER SURGERY

- After surgery you will be taken to the recovery room where you will remain until you are comfortable and safe to return home
- Most patients return home the same day. Patients will rarely need to spend the night in a hospital room for closer observation.
- You will be required to have someone with you to drive you home
- Your foot will be wrapped in a dressing that will remain until your follow-up visit. You will also have crutches to help you keep the weight off of your foot until released by Dr. Armstrong.

1 WEEK AFTER SURGERY

- The first week after surgery will be focused on rest and elevation. Avoid prolonged time on the foot to help minimize pain and swelling
- You will return to Dr. Armstrong's office to check your progress, have your post-operative bandage removed, and check your incision. See page 9 for more information about wound care.
- Dr. Armstrong will tell you if you are able to begin to bear weight on your foot in a boot after this first visit. It is critical for your safety and proper healing that you follow your weightbearing guidelines after surgery.



2-3 WEEKS AFTER SURGERY

- If you have external stitches, these will be removed during a follow-up visit with Dr. Armstrong's team
- You will start physical therapy around 3 weeks after surgery

4-6 WEEKS AFTER SURGERY

- You will likely be allowed to return to a normal shoe with Dr. Armstrong's clearance in this phase. We would suggest a roomy, wide, sturdy shoe to allow for continued swelling.

6-12 WEEKS AFTER SURGERY

- We expect that you will have swelling in your foot for 6-12 weeks after surgery

AFTER WEEK 12

- We expect that you will be able to return to full-duty work around 3 months after your surgery. You may be able to return to full-duty sooner if you have a seated job. Returning to work too soon may cause extra stress, pain, and longer recovery times, so be sure to discuss this carefully with your care team.
- You may notice that your foot remains enlarged for 3-6 months after surgery. This is due to continued soft tissue healing.
- Final healing, with full strength, painlessness, and flexibility, is a process of around 1 year



AT HOME AFTER YOUR SURGERY

Monitor Your Healing

Healing after a bunion surgery can be uncomfortable but you need to know what signs of healing need immediate professional attention. An on call provider is ready to help you at all times, **immediately call 970-384-7100 if you experience any of the following:**



- A fever over 101.5 degrees
- Uncontrolled nausea or vomiting
- Dressing which becomes too tight or feels overly constrictive
- Worsening pain that is not controlled by medication, ice, or elevation
- Swelling in the calf and leg of the surgical foot, or cramping pain in the calf
- An increase in bleeding from the surgical site
- Increased redness around your incisions and/or cloudy fluid draining from the incision
- Fall or other injury
- Or if you get the feeling that something is just not right.
- **Call 911 with** Shortness of breath and/or chest pain symptoms.

If you have questions about upcoming appointments or medications, please message “Dr. Armstrong” through your Valley View Hospital Patient Portal for the timeliest response.



Wound Care

Following surgery, it is important to follow wound care guidelines to prevent infection and improve healing.

Immediately after surgery your foot will be wrapped in a dressing that will need to remain clean and dry. Cover the dressing with a plastic bag or plastic wrap and tape it with plastic tape when showering. You can also take a sponge bath instead.

After the stitches are removed and your dressings are changed at your first post-operative appointment, you may shower and get the wounds wet. You should not immerse your foot in a bath, hot tub, swimming pool, etc. until cleared to do so by Dr. Armstrong or his team. We expect this to be around 3-4 weeks after surgery.





Pain Education

Pain and swelling are an expected and necessary part of the healing process after bunion surgery. Pain medications, rest, ice, and elevation will be used to help manage your pain.

After surgery parts of your foot will be numb for 6-36 hours. As the numbing medications begin to wear off, you may first notice itching, tingling, or burning of the foot. You may experience an increase in pain as the numbing medication begins to wear off. This early increase in pain does not mean there has been any damage to the repair and is a normal part of recovery.

Taking your pain medications before the foot becomes too painful helps because it takes 30-45 minutes for the pain medication to begin to work.

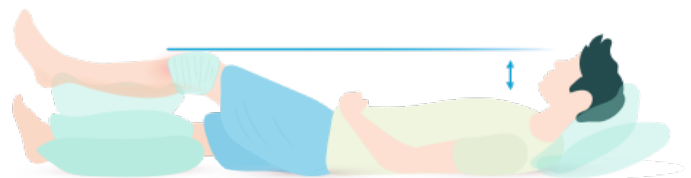
Manage Your Postoperative Pain

- Your goal is to be completely transitioned from opioids to over the counter pain medications by 2-14 days after surgery
- Keep in mind that the goal of taking pain medication is not to be pain free, but to be comfortable enough to get some sleep and participate in your physical therapy program.
- IMPORTANT NOTE: Please plan ahead as we need 24 hours to properly process any medication refill request and we do not refill medications over the weekend.
- Cold therapy is also very helpful in reducing your pain in the first few weeks after surgery.



Elevation and Cold Therapy for Pain and Swelling

Once you are at home, you will need to rest. Keep your foot raised (elevated) as much as possible for the first few days after surgery and apply ice as recommended by your healthcare provider. This is to help reduce pain and swelling. Never apply ice directly to your skin. Wrap the ice in a thin towel to prevent skin injury.



Address Any Postoperative Constipation

Constipation is one of the most common postoperative complaints, as it's a common side effect from anesthesia and narcotic pain medications.

Constipation is defined as infrequent bowel movements, fewer than three a week, and is associated with the following symptoms:

- Difficulty passing stool or incomplete bowel movements
- Bloating or swollen abdomen
- Hard or rock-like stool

Help keep your bowels regular by following these guidelines while taking narcotic pain medications:

- Take MiraLAX twice daily: one dose (17 grams) in the morning and again in the evening, each with an 8 oz. beverage of choice, especially while you are still taking narcotic pain medications.
- Introduce foods rich in fiber (36g/day).
- Increase daily water intake: drink at least 8 cups.





FREQUENTLY ASKED QUESTIONS

Q. Can I work out after my surgery?

Yes! Your physical therapist will help provide you specific guidelines. We anticipate physical therapy to start at about 3 weeks after surgery. Here are some general guidelines:



Activity	Timing
Pedal an exercise bike in boot with pressure through the heel only	1 week
Upper body weight machines and rowing machine in boot with pressure through the heel only	1-2 weeks
Swimming (pending wounds are healed and cleared by Dr. Armstrong)	4 weeks
Elliptical with low incline	4-6 weeks
Outdoor bike on flat pedals (not clipped in)	4-6 weeks
Walking flat surfaces at low speed	4-6 weeks
Gradual ramp up to walking terrain, walking faster, jogging, running, and finally hike, run cut, pivot, and jump	3 months

Q. When can I Shower? Can I swim / submerge the incision?

After the stitches are removed and your dressings are changed at your first post-operative appointment, you may shower and get the wounds wet. You should not immerse your foot in a bath, hot tub, swimming pool, etc. until cleared to do so by Dr. Armstrong or his team. We expect this to be around 3-4 weeks after surgery.

Q. How long until I can drive?

You must not drive while taking your narcotics. If surgery was on the right foot, you can drive between 1 and 3 weeks after surgery as cleared by Dr. Armstrong or his team. When you drive, you must wear a house slipper, croc, or other roomy shoe, as you cannot drive safely in the surgical boot. Wear the boot to the car, then sit and remove your boot and slip into a shoe for the drive. Then, when you are done driving, return to the boot before getting out of the car. Please use extra caution and keep a safe driving distance, as sudden slamming on the brake could cause injury to the surgical site.

Q. Do I qualify for a disabled parking pass?

Yes, you will qualify for a temporary disabled parking application. Please ask staff if you wish to receive one. This give you three months of access to handicap parking areas, and can be very helpful during your recovery period.

Q. Will I be in pain after surgery?

You will likely be in some form of discomfort after surgery. This is normal. It is your body telling you to slow down to heal. Our team will work you through this process, taking your comfort into consideration in everything that we do.

Q. When will I be able to get back to work?

If you have a physically demanding job, one which requires you to stand, lift, carry, climb, or similar activities, you will need to modify your duties for up to 3 months post-op. If you have, or can do, a seated job, you may be able to return to work in as little as 1-3 weeks post-op. Returning to work too soon may cause extra stress, pain, and longer recovery times, so be sure to discuss this carefully with your care team.

Q. How long will my recovery take?

You can expect swelling for about 6-12 weeks post-op. The foot can remain enlarged due to soft tissue healing for 3-6 months post-op. Final healing, with full strength and flexibility, is a process of one year.