Wrightington, Wigan and Leigh Teaching Hospitals
NHS Foundation Trust

Bunion Surgery

Version number: **1.0**
Last modified date: **12th November 2026**

Bunion Surgery

Patient Information

Trauma & Orthopaedics Department

- Author ID: ML
- Leafley ref: Musc 018
- Leaflet title: Bunion Surgery
- Version: 8
- Last review: August 2023
- Expiry Date: August 2025

What is a Bunion?

A bunion occurs when the big toe begins leaning over towards the middle of the foot and second toe, causing a bony lump to develop on the base of the big toe. The lump can become swollen and painful. The cause has been linked to ill-fitting footwear or a family tendency to bunion formation.

Treatment options for Bunions

Treatment will depend on the amount of discomfort the bunion is causing. Initially, a change in footwear to accommodate the bunion properly i.e. flat wide fitting shoes that have a strap or laces and can be adjusted to fit accordingly. Insoles, bunion pads to protect the bunion from friction damage and painkillers can help relieve the pain. In severe cases, an operation to remove the bony lump and straighten the big toe, by inserting wires or screws, can be performed. In some cases, where arthritis is present, surgical stiffening of the big toe joint may be necessary.

The doctor will discuss the treatment options with you. If you are unsure about the suggested treatment please discuss your concerns with a member of the healthcare team.

Benefits of Surgery

Following surgery your toe should be in a better position, therefore foot wear should be more comfortable and pain should be reduced.

Complications

As with all operations complications can occur, some are minor; some in rare cases can be serious and life threatening, such as a blood clot in the leg or lungs (DVT/PE).

Specific complications of this operation include stiffness in the joints of the toe, damage to the nerves in your foot, pain in the ball of the foot, non-union of the bones that have been cut or fracture of the bones during surgery and bunion recurrence.

General complications of surgery include excessive bleeding, infection, excessive scarring over the wound site.

A member of the surgical team will discuss the risks involved to you before the operation.

About the Operation

The operation can be performed on a day case basis, so you can go home on the day you have your operation, unless the doctor advises you to stay longer. You will be given an anaesthetic that will send you to sleep for the duration of the operation. There are different types of anaesthetic available and the pre-op department will discuss the options with you prior to the operation.

The surgeon will make an incision (cut) to the side of the affected foot. Bony cuts (osteotomies) will be performed to allow correction of the bunion deformity and these will be held in place with suitable metal work (usually small screws and a small staple).

Other incisions may be required depending on the operation you are to have. The skin will be closed using stitches and a bulky dressing and bandage will then be placed on your foot for 6 weeks.

Before your operation a member of the therapy team will discuss your mobility with you. You will be assessed for and provided with an appropriate walking aid (e.g. Elbow crutches).

After the Operation

- You will spend a short time in the recovery area of the operating theatre, and then you will be taken back to the ward.
- Your foot will be raised while you are in bed to reduce the swelling that may occur. Continue to keep your leg in a raised position when you are sitting down or lying in bed for at least a week following surgery.
- You may have some discomfort following the operation so painkillers will be given to relieve your pain.
- Your stitches may be removed approximately 2 weeks after the operation either by the district nurse or in the nurse led clinic at the hospital.
- You will be placed back into the bulky dressing and bandage until your 6 week review.
- You will be given a special shoe to wear to help your foot heal properly. This should be worn for about six weeks.
- An appointment will be made for you to return to out-patient clinic to check that your foot is healing properly, approximately 6 weeks after surgery.
- You will normally have an x-ray at your 6 week clinic appointment.

- More detailed information and ward contact telephone numbers will be given to you before you go home.
- You may be referred to physiotherapy after 6 weeks if it is deemed necessary.
- You will be encouraged to move the big toe joint and get back to normal activities as pain allows after 6 weeks.
- Your surgeon, GP, physiotherapist will be able to advise you when to return to normal activities.

Exercises

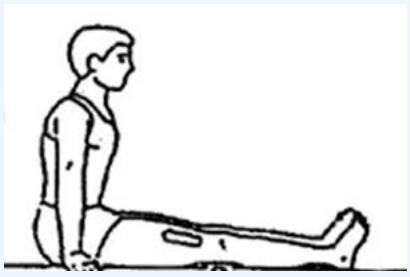
The following exercises should be practised hourly unless otherwise instructed by your physiotherapist. Perform each exercise on both legs.

If unexpected pain develops you must stop exercising and inform your physiotherapist and nurse.

Deep Breathing Exercises

Ensure you are sitting upright in bed. Take three or four deep breaths (no more as you may feel lightheaded). Breathe as deeply as possible, forcing the air out on your fourth breath. This may make you cough.

Foot exercises	
	1. Gently paddle both ankles up and down. Repeat this five times.
Leg exercises (perform on both legs)	



1. With your legs straight in the bed, press the back of your knees into the bed. Your thigh muscles should tighten up. Hold for five seconds then gently release.

   Repeat this ten times.

   1. Clench the muscles in your bottom together.

   Hold for five seconds then gently release.

   Repeat this ten times.



1. Lying in bed, keeping your knee straight, lift your leg approximately ten inches from the bed. Hold for five seconds then gently release.

   Repeat this ten times, with each leg.



1. If you are sitting in the chair or on the edge of the bed, straighten your knee out in front of you. Hold for five seconds then gently release.

   Repeat this ten times.

Stairs / Steps

Always take one step at a time.

Going Up

With the banister on one side, and the crutch in the other, step your non-operated foot onto the step, followed by your operation foot, and the crutch last on to the same step.

Going Down

The crutch goes first on to the step, followed by your operation foot, then your non-operated foot last on to the same step. Where there is no banister use both crutches.

On Discharge

Once you are safely mobile further physiotherapy for the first 6 weeks is not necessary. You may walk outside as soon as you feel confident to do so. Continue to walk and move with your walking aids until you are further instructed by your consultant at your clinic review. When resting, keep the foot raised.

Driving

You will not be able to drive while you are in your bandages and surgical shoe.

Routine Post-Operative Appointments

- **Nurse-Led Clinic Appointment:** 2 to 3 weeks for removal of sutures
- **Consultant Clinic:** 6 weeks

Do not hesitate to contact the team should you have any queries or concerns after discharge.

Contact Information

If your call is connected to an answering machine, please clearly leave your name, date of birth, telephone number and a brief description of your enquiry.

Foot and Ankle Practitioner: 01257 256372 (Monday to Friday 9am until 4pm)

Outpatient Department (not for appointments): 01257 256299

Admissions: 01257 256256

Appointments (Outpatients): 01257 256295

Occupational Therapy: 01257 256306

Monday to Friday 9am until 5pm

Pain Team: 01257 773139 (Secretary)

Wrightington Office: 01257 256384

RAEI office: 01257 252365

Physiotherapy: 01257 256307

Pre-operative Clinic: 01257 256340

Ward D: 01257 256269

Ward A: 01257 256276

Ward B: 01257 256277

John Charnley Ward: 01257 256265/7



Version number: **1.0**
Last modified date: **12th November 2026**

All rights reserved © 2026
WWL Teaching Hospitals NHS Foundation Trust