

Having surgery on your foot to remove a tailor's bunion

Department of Podiatry Surgery

Information for Patients

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What is a tailor's bunion and why has this happened?

A tailor's bunion is a bony bump that forms at the base of the little toe. This may cause the little toe to lean inwards making the knuckle joint stand out. Tailor's bunions are not as common as bunions (which occur on the inside of the foot), but they are similar in symptoms and cause. Shoes may rub causing pain; sometimes, even wide shoes can irritate the joint.

Painful calluses may develop on the little toe or bony bump.

Tailor's bunions often run in the family and are made worse by tight fitting shoes.

Do I need an operation?

Try the simple measures below to help ease any pain. If you are still having severe or constant pain and it is affecting your life, ability to wear shoes or you are getting sores, then having an operation may help you.

- Footwear: wear a wide soft leather shoe, avoiding seams over the bony bump or made to measure shoe
- Painkillers/ ice packs: to reduce pain and swelling (inflammation)
- Padding: gel pads or cushioning pads to move pressure away from the bony bump

How having an operation can help

Having an operation should reduce the pain or may stop it completely. The toe/s should be straighter and work better. The bony bump should be flatter and you should feel more comfortable when wearing shoes. You should have less calluses/corns/sores over the bump. Do not have an operation for cosmetic reasons.

**Health information and support is available at www.nhs.uk
or call 111 for non-emergency medical advice**

Visit www.leicestershospitals.nhs.uk for maps and information about visiting Leicester's Hospitals
To give feedback about this information sheet, contact InformationForPatients@uhl-tr.nhs.uk

What will the operation involve?

There are several options depending on the actual deformity you have, where the pain is, how flexible your toe/s are and your general health. The podiatric surgery team will talk to you which is the best option with you.

The operation usually involves breaking and resetting one of the foot bones on the outside of your foot, which is then held in place with a buried wire or screw. The foot will be heavily bandaged for a couple of weeks after the operation to protect the wound and control any swelling and bleeding.

Will I be awake during the operation?

Most operations are carried out under local anaesthetic (this is done using a series of injections at the ankle), which means you will be awake during the operation. Local anaesthetic has a lower risk than general anaesthesia (going to sleep). The anaesthetic takes away pain but not the sensation of touch, temperature and vibration. You will not feel any pain during the operation, but you will feel the surgeon touching your foot. The local anaesthetic will wear off approximately 3 to 10 hours after surgery.

In a small number of cases, you and your surgeon may feel that a surgery under general anaesthesia is better suited. If this is your case, this option will be discussed with you beforehand and you will also be given a '[Having a general anaesthetic](#)' information leaflet to explain what this involves'. Available on [YourHealth](#) (leaflet 870)

Can I eat and drink before I come in for my operation?

Most patients will be able to eat, drink and take their regular medicines as normal. However, if you have been told that your surgery will be under general anaesthesia, you should not eat or drink for some time before your operation and anaesthetic to avoid complications. This will depend on what time your operation is planned for – see the 'general anaesthetic' leaflet for eating and drinking instructions. We will tell you if any of your regular medications needs to be stopped.

How successful is the operation?

There are possible risks with all operations. The surgery team will carry out tests and monitor you to make sure you have the best chance of success. However, you must carefully follow all of the advice and guidance given to you after your operation to get the best results. 73 out of 100 of our patients report a significant improvement in their symptoms following this surgery.

Complications may occur in about 1 in 20 cases but they can usually be treated and should not result in permanent disability or pain. However, a small number of patients do develop long-term problems or are disappointed with the results of surgery. You must be sure that the potential benefits of having this operation outweigh the risks.

Some possible complications with having this procedure include:

- Joint stiffness
- The bones may not fuse (knit together) and you may need another operation. The risk of bones not fusing is increased 2.7 times more in smokers compared with non-smokers. Smoking also delays wound healing. We strongly recommend that you stop smoking
- The buried screw or plate, which is normally left in place, may need to be removed if it works loose or causes irritation to the surrounding skin. This can happen in 1 in every 10 people
- Blood clot in the leg (deep vein thrombosis - DVT) or lung (pulmonary embolism – PE). You will be checked for your DVT and PE risk and given information on how to reduce the risk of getting a blood clot after your operation
- The bump may develop again and if painful, the operation may need to be redone
- Infections in the wound and minor damage to the nerves of the toe can happen following any foot operation. Infection rates occur in less than 1 in 50 of all operations. Usually, these are minor problems that get better quickly. Very rarely, wounds can become more deeply infected: If this happens another operation is needed. Nerve pain may continue and be worse than the pain before the operation

What to do if you can't come for your operation

You must telephone the Day Surgery Unit staff to let them know if you are unable to attend for your operation (phone numbers can be found at the end of this leaflet). This may be because:

- Your health status has changed (your operation may need to be delayed)
- You feel/are unwell (such as a cough, cold, high temperature or sickness and diarrhoea) on, or just before your operation date

What do I need to do before I come in for my operation?

Please note, the Day Surgery Unit will not allow family/ friends to stay with you. Expect to be with us for 2 to 5 hours

- Check your appointment letter to make sure you know what time to arrive and where to go
- Clean under the nails well the day before your operation
- Have a bath or shower on the day of your operation using soap
- Remove jewellery except your wedding ring (if you have one)
- You may bring along a personal music device with headphones but please keep any other valuable to a minimum
- Bring slippers to wear, you may also wish to bring a dressing gown
- Do not remove hair on the foot
- Remove nail polish and false nails

- If you are overweight, smoke or are not active, your recovery after surgery may be longer with a greater risk of developing complications. You may want to discuss this with your GP or health professional to see what you can do before surgery to help with this.

Why does someone need to stay with me after my operation?

We ask that someone stays with you for at least the first night after your operation. This is for your own safety. Although very rare, it is possible that you may feel unwell or you may fall and need help. If you cannot arrange this, please cancel your appointment. We will arrange another appointment as soon as you have available support.

Will I need crutches?

Crutches are not normally needed after this surgery

What will happen in the first 2 weeks after the operation?

- A responsible adult should escort or drive you straight home after your operation. Public transport is not suitable. On the way home, keep your leg/foot up
- Fully rest for 2 days after your operation. Your foot may be quite sore; you will be given painkillers to help with this. You should keep your foot raised above your hip (elevated) to help with any swelling and pain. You may use pillows to support the leg and thigh. If you have a lot of pain after the anaesthetic wears off, this can be helped by applying an ice pack at the ankle (above the dressing). Apply for 10 minutes and remove for 10 minutes for 3 times. Do this a maximum of 6 times in the space of 24 hours
- Do not use ice packs if you have diabetes or no feeling in the foot
- If you continue to have pain and it is 'out of office hours', contact your on-call GP service, call 111 or visit your local Emergency Department. They will need to know what operation you have had and what painkillers you have already taken
- After 2 days, you may walk around for no more than 5 to 10 minutes in every hour. You will still need to strictly rest and keep your foot up for 14 days after your operation. Please use the trauma shoe whenever you are on your feet (even if you have been given crutches to use): this shoe does not bend and therefore supports your foot and prevents pressure to the wound. You may take the shoe off in bed or when resting with your feet up
- Reduce the risk of blood clots (DVT and PE) by **HER**—**H**ydrate (drink plenty of water), **E**levate (raise) the limb and **R**otate (from the ankle joint, use your foot to draw letters of the alphabet in the air - this helps to exercise the calf muscles at the back of the leg). Do not sit with legs crossed
- You must keep the dressings dry. Wet dressings may cause the wound to become infected
- You may get very little pain after your operation. You may think that you can do more than you should. Rest and elevation are essential. Too much walking may cause the foot to become painful and swollen, which will delay healing and increase the risk of infection

- You will be seen by a member of the surgical team at 7 to 14 days after your operation for a review. Stitches will be removed at 10 to 14 days following your operation
- Your first appointment will be sent to you and further appointments will be made when you are seen in clinic
- You may find that a form of bed cradle (use a cardboard box) is helpful if the weight of the bedclothes causes a problem to the operated foot

Possible complications after your operation

In the following circumstances, contact the Day Surgery Unit (during normal office hours). If no-one is available, contact your on-call GP service, call 111 or visit your local Accident & Emergency department.

Infection - symptoms to look out for include:

- sudden increase in pain
- wound starts to bleed
- increasing redness in the area around your wound
- foul-smelling leakage from your wound
- temperature of 38° C (100.4° F) or more

Deep vein thrombosis (DVT) - if you have any of these symptoms you should urgently contact your GP or call 111

- pain, swelling and tenderness in one or both of your legs (usually your calf)
- a heavy ache or tightness in the affected area
- warm skin in the area of the clot
- red skin, particularly at the back of your leg below the knee
- usually (although not always) this affects one leg. The pain may be worse behind your foot upward towards your knee

Pulmonary embolism (PE) - if you have any of these symptoms you should call 999

- chest pain or breathlessness— which may come on gradually or suddenly
- chest pain – which may be worse when you breathe in
- sudden collapse

The dressing may become blood stained. If the mark is 2 inches (5cms) wide or less, there is normally no problem. However, if you are concerned please contact us. Do not try to change the dressing yourself.

What will happen 2 to 4 weeks after the operation?

- After the stitches have been removed, a thin dressing will be put on to the wound. Keep this on and dry for 7 days. After 7 days, remove the dressing and as long as there is no leakage on it and the wound is closed, you may bathe or shower. Do not soak the foot at first
- Massage a plain, unperfumed moisturising cream into the foot 3 times a day and as the skin becomes stronger spend some time deeply massaging the operation site as this will greatly help the scar and swelling to settle down and it will also help with circulation and healing
- Put your foot down fully in the trauma shoe when walking (gradually stop using the crutches if you have been provided with some)
- Continue with light duties and listen to your foot. If it aches/swells then you must rest and elevate your foot again and use ice packs if necessary
- The recovery period following your operation will depend on the specific procedure performed and your body's healing rate. It may take 6 months to fully recover from your operation

What will happen 4 to 6 weeks after the operation?

During this period the foot should start to return to normal and you should be able to start to wear a trainer style shoe. Although your foot should now be more comfortable, there will still be some swelling, particularly towards the end of the day; wearing a wider shoe or trainer is often needed. This is normal as feet and legs swell easily.

Continue to do all the exercises that were discussed with you at your re-dressing appointment. Although the wound has healed, your body continues to mend bone and other tissues.

Too much weight on the foot may slow down healing. In severe cases the bone may break or screws/wires may fail and work loose. Bones take 6 to 12 weeks to mend and to recover their original strength. It is important to be patient and to avoid too much activity.

10 weeks after your operation

You will be seen again for a review and have an X-ray in the Outpatients Department

6 months after your operation

You will have a final review with the podiatric surgery team. Any swelling should be slight or may have completely gone, and you should be getting the full benefit of the surgery

When can I drive a car?

You are strongly advised not to drive until at least 6 weeks after your operation and only when you are comfortable walking in a normal shoe. You must also be confident and competent to do an emergency stop

When can I return to work?

Most patients can return to work 6 to 8 weeks after the operation. This will depend on the type of work you do as well as what operation you had. If you have a physically active job you may be advised to take more time off work. If this is the case, we will organise a sick note for you.

Contact Details:

If you have any questions or concerns please do not hesitate to get in contact with the podiatric surgery team (Mon to Fri, 8:30am to 4:30pm).

Rutland Memorial Hospital

Main reception: 01572 722552 (option 8 for outpatient appointments)

Melton Mowbray Hospital

Main reception: 01664 854800.

Day surgery unit: 01664 854904

Loughborough Hospital

Main reception: 01509 611600

Day surgery unit: 01509 564406

Hinckley & District Hospital

Main reception: 01455 441800

Day surgery unit: 01455 441845

Outpatient appointments: 01455 441876

Market Harborough Hospital (St Luke's Treatment Centre)

Main reception: 01858 410500

Outpatient appointments: 01858 438135

اگر آپ کو یہ معلومات کسی اور زبان میں درکار ہیں، تو براہ کرم مندرجہ ذیل نمبر پر ٹیلی فون کریں۔
على هذه المعلومات بلغة أخرى، الرجاء الاتصال على رقم الهاتف الذي يظهر في الأسفل

જો તમને અન્ય ભાષામાં આ માહિતી જોઈતી હોય, તો નીચે આપેલ નંબર પર કૃપા કરી ટેલિફોન કરો

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Aby uzyskać informacje w innym języku, proszę zadzwonić pod podany niżej numer telefonu

Previous reference:

If you would like this information in another language or format such as EasyRead or Braille, please telephone 0116 250 2959 or email equality@uhl-tr.nhs.uk