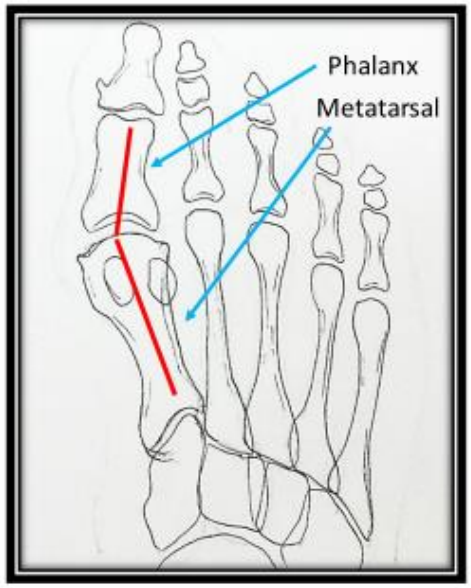
Alexis E. Dixon, MD

13160 Mindanao Way Suite 304 | Marina del Rey, CA 90292
Phone: 310-437-7922 | Fax: 310-574-0423
aedixonmd.com

Bunions

The main thing to know about bunions is that **they're not a bump.** A bunion is an angular deformity between the first metatarsal and the proximal phalanx. These two ideally line up to make a straight line, but in a bunion, the toe deviates away from midline, causing the metatarsal to angle inwards. Therefore, correction of a bunion is **not** removal of a bump. It's a complex reconstructive surgery in which we change the shape of the foot.

Many surgeons do not understand the cause of bunions and therefore do not understand how to treat them appropriately. For this reason, the term "bunionectomy" or "bunion removal" has become colloquial language. In addition, many patients are dissatisfied with the cosmetic appearance and lack of pain relief from their improper surgeries. No bone should be removed in the treatment of a bunion. The shape of the bones MUST be changed, and the soft tissue has to be tightened.



Causes

There are two main causes of bunions: **genetics** and **shoe wear**. Almost all shoes can cause the toe to be squeezed in a way that can cause a bunion, but the more narrow or pointed the shoe, the greater the risk. Some people have an inherited tendency towards persistence of the deformity even with shoes off. Women have this problem more commonly than men, but it can be a painful problem for men as well.

Diagnosis

A set of high-quality weight-bearing (standing) x-rays are required for diagnosis, as well as a thorough physical examination. Specific x-rays will be taken in my office to ensure the highest quality of x-rays.

Treatment

Shoe wear modification to avoid high heels and narrow, pointed toes that predispose to bunion formation and pain. Shoes with a soft upper are preferred. Shoes can be taken to a cobbler to be stretched around the bunion.

Orthotics and braces do not help with bunions. There are no devices that will reverse the deformity. However, toe spacers may be used to temporarily alleviate pain.

Surgery is necessary when the pain is NOT able to be treated via shoe wear modification. This requires reshaping the metatarsal and sometimes the phalanx in addition to tightening the stretched capsule. Because bunions will recur with shoes that recreate the deformity, the rehabilitation from this surgery is prolonged open toe shoe wear, followed by allowance of tennis shoes no sooner than four months postoperatively.



What NOT to Expect

Bunion surgery is a complex reconstructive surgery. Beware of promises of pain-free return to normal activity in the short term. There is no way to accelerate soft tissue and bone healing. As is often the case, the best things take a bit of effort and time but are generally worth the investment.

Bunion surgery will NOT change your shoe size. It WILL make you more comfortable in your actual shoe size.

Bunion surgery is not meant for purely cosmetic purposes. It is possible to convert a pain-free bunion to a painful but beautiful foot. For this reason, it is only medically indicated to operate on bunions that cause discomfort.

For Best Results

See a Board-Certified Orthopaedic Surgeon with an accredited fellowship training in Foot and Ankle surgery about your bunion.

Be prepared for a new set of x-rays in office. Not all x-rays are the same.

Be prepared for a postoperative protocol that allows for downtime as well as time in a medical shoe. Normal shoe wear is not encouraged immediately post operatively and can lead to recurrence.

References

https://www.footcaremd.org/conditions-treatments/toes/bunions

https://orthoinfo.aaos.org/en/diseases--conditions/bunions/