

BUNIONECTOMY WITH PROXIMAL METATARSAL OSTEOTOMY POST-OPERATIVE GUIDELINES

INITIAL SURGICAL DRESSING

A gauze dressing will be covered by a very padded cast. This cast is too wide to accommodate a rubber walking boot. Caution is used to avoid sliding when the cast is resting on a hard floor surface.

BED REST, ELEVATION, AND WEIGHTBEARING

Bed rest is prescribed for at least three days after operation if one foot is operated upon and four days after operation if both feet are operated upon. During the period of bed rest, the feet are elevated above the level of the heart. After the period of bed rest, progress with sitting with the operated foot (feet) elevated at chair level. Progressing with ambulation around the house is encouraged. Confinement to the house for the first week is recommended.

Weightbearing is allowed after the first 24 hours when getting up to go to the bathroom. During the first 24 hours, effort is made to avoid weightbearing on the ball of the foot. With the crutches, place weight as lightly as possible on the heel. After the first 24 hours, approximately 50% of one's weight is placed on the foot. Full weight bearing is allowed with a cane about 2 weeks after operation.

CRUTCHES/WALKER/CANE

Crutches or a walker are usually used for the first two weeks. A walker is recommended if one is not feeling secure with the crutches. After using the crutches, a period of using a cane may be useful while transitioning to full weightbearing. Initially, the cane is used on the side of the operated foot if one foot is operated upon. As comfort improves, walking is done more smoothly with a cane when the cane is in the opposite hand. A cane is used for about 8 weeks and several days. It is usually reasonable to discard the cane several days after pins/screws have been removed. (See Bandages, Casts, and Walker Boots.) The cast is usually removed two weeks postoperative.

BANDAGES AND CASTS

Bandage Management:

On the day of surgery: Please follow the bandage instructions given to you in the postoperative orders.

First and second weeks: The bandage will be covered by a cast.

After 2 weeks a removable walker boot is usually applied. Occasionally the foot needs more stability than provided by the walker boot, and a cast will be reapplied. The removable walker boot is used at all times, even when sleeping. It is removed for doing exercises and showering. After six weeks, the walker boot can be left off at bedtime, but the bunion prevention wrap continues to be used day and night.

At 3-1/2 months after surgery, the screws and/or pins are removed with a simple office procedure using a local anesthetic, making a small incision and placing a few small sutures. The walker boot is usually not required after the pins/screws are removed. A firm-soled “postoperative shoe” is used for one month and the bunion-prevention wrap is continued, day and night.

FOOTWEAR, ELASTIC STOCKINGS, AND BRACES

A loosely fitting shoe is used after three months postoperative. The Ace bandage is discarded, and a night splint is used to maintain toe correction. This night splint is used for six to 12 months. The surgeon will be advised. Shoes that compress the toes are to be avoided for the first six months.

SHOWERING, SUTURES AND DRIVING

While a cast is in place, keep it dry when showering. This can be done with double trash bags bound tightly at the knee with a strong rubber band. Commercially available “cast guards” are available through the internet. Search on Google using the term Cast Guard. The showering cast guards are also available at some orthopaedic supply stores.

Sutures are removed three weeks after operation.

SHOWERING, SUTURES AND DRIVING (Continued)

Driving is usually not safe for about ten weeks after operation if the right foot is operated upon. If the left foot is operated upon, driving is usually practical at two to three weeks. For left foot operations, earlier driving may cause increased swelling in the right foot as the foot is in a dependent position.

REHABILITATIVE EXERCISES

First week (0 to 6 days): No exercises requested.

Second week: Isometric contraction of the foot muscles are done while the leg is still in the cast. Tighten the muscles of the foot and leg without excessive deliberate motion in the toes or ankle. Tighten the muscles for 20 seconds, relax briefly and repeat. A “set” of isometric contractions is 5. Do a set each hour until the cast is discontinued.

Third week (after 14 days): A removable brace is often used at this time, allowing access to the foot for exercise. During the third week, massage is emphasized. Use both hands to grasp the big toe, the joint of the big toe, and the bone in the midfoot (metatarsal) that connects to the big toe. Apply progressively greater pressure with the hands. A set is defined as 5 twenty-second (hand massage applications). Do 4 or 5 sets per day in the initial two weeks of massage, then reduce the massage sets as motion exercises become emphasized.

Fourth week: Begin motion exercises, bending the toe. Stabilize the metatarsal with the thumb and bend the big toe with both upward and downward maneuvers. The motion is focused on the joint at the base of the big toe, not in the middle of the big toe. Apply progressively greater force during a 20 second stretch. A “set” of stretches is 5. Do 4 or 5 sets per day in the initial two weeks of stretching. Formal physical therapy exercises start around the beginning of the fourth week and these exercises will be demonstrated.

SKIN CARE

Beginning about two weeks (14th day) after surgery, soften the skin with Vaseline, vitamin E ointment or a thick hand lotion like Curel. When using Vaseline, cover the whole foot with a light amount of Vaseline and wipe away any excess. Do 2 or 3 times a day.