

Your foot and ankle are complex structures that merit a doctor specifically trained in their care and treatment. Dr. Kluesner, DPM, FACFAS diagnoses, treats, and helps prevent diseases and disorders affecting the feet and ankles of adults and children. Special emphasis is placed on the care of diabetic foot complications, reconstructive foot and ankle surgery, and biomechanical control of bunions, hammertoes, and other ailments of the foot and ankle.

Schedule your appointment with Dr. Kluesner by calling his Christie Clinic office:

217.366.5418

Bunions (Hallux Valgus)

Even though bunions are a common foot deformity, there are misconceptions about them. Many people may unnecessarily suffer the pain of bunions for years before seeking treatment.

What is a bunion?

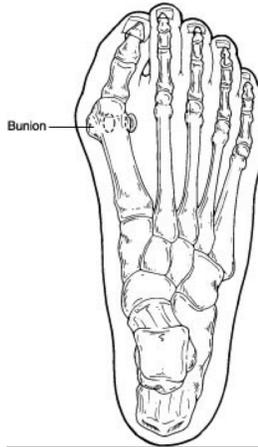
A bunion (also referred to as hallux valgus or hallux abducto valgus) is often described as a bump on the side of the big toe. But a bunion is more than that. The visible bump actually reflects changes in the bony framework of the front part of the foot. The big toe leans toward the second toe, rather than pointing straight ahead. This throws the bones out of alignment – producing the bunion’s “bump.”

Bunions are a **progressive disorder**. They begin with a leaning of the big toe, gradually changing the angle of the bones over the years and slowly producing the characteristic bump, which becomes increasingly prominent. Symptoms usually appear at later stages, although some people never have symptoms.

What causes bunions?

Bunions are most often caused by an inherited faulty mechanical structure of the foot. It is not the bunion itself that is inherited, but certain foot types that make a person prone to developing a bunion.

Although wearing shoes that crowd the toes won’t actu-



ally cause bunions, it sometimes makes the deformity get progressively worse. Symptoms may therefore appear sooner.

Symptoms of a bunion

Symptoms, which occur at the site of the bunion, may include: pain or soreness, inflammation and redness, a burning sensation, possible numbness. Symptoms occur most often when wearing shoes that crowd the toes, such as shoes with a tight toe box or high heels. This may explain why women are more likely to have symptoms than men. In addition, spending long periods of time on your feet can aggravate the symptoms of bunions.

Diagnosis of a bunion

Bunions are readily apparent – the prominence is visible at the base of the big toe or side of the foot. However, to fully evaluate the condition, Dr. Kluesner may take x-rays to determine the degree of the deformity and assess the changes that have occurred.

Because bunions are progressive, they don’t go away, and will usually get worse over time. But not all cases are alike – some bunions progress more rapidly than others. Once your surgeon has evaluated your bunion, a treatment plan can be developed that is suited to your needs.

Non-surgical treatment of bunions

Sometimes observation of the bunion is all that’s needed. To reduce the chance of damage to the joint, periodic evaluation and x-rays by your surgeon are advised. In many other cases, however, some type of treatment is needed. Early treatments are aimed at easing the pain of bunions, but they won’t reverse the deformity itself. These include:

- **Changes in footwear.** Wearing the right kind of shoes is very important. Choose shoes that have a wide toe

box and forgo those with pointed toes or high heels which may aggravate the condition.

- **Padding.** Pads placed over the area of the bunion can help minimize pain.
- **Activity modifications.** Avoid activity that causes bunion pain, including standing for long periods of time.
- **Medications.** Oral non-steroidal anti-inflammatory drugs (NSAIDs), such as ibuprofen, may be recommended to reduce pain and inflammation.
- **Icing.** Applying an ice pack several times a day helps reduce inflammation and pain.
- **Injection therapy.** Although rarely used in bunion treatment, injections of corticosteroids may be useful in treating the inflamed bursa (fluid-filled sac located around a joint) sometimes seen with bunions.
- **Orthotic devices.** In some cases, custom orthotic devices may be provided by the foot and ankle surgeon.

When is surgery needed?

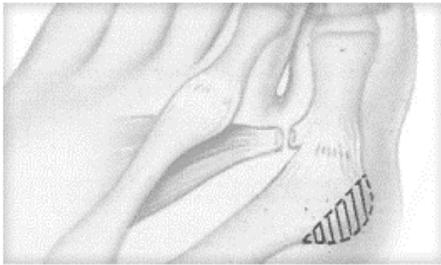
If non-surgical treatments fail to relieve bunion pain and when the pain of a bunion interferes with daily activities, it’s time to discuss surgical options with Dr. Kluesner. Together, you can decide if surgery is best for you.

A variety of surgical procedures are available to treat bunions. The procedures are designed to remove the “bump” of bone, correct the changes in the bony structure of the foot, and correct soft tissue changes that may also have occurred. The goal of surgery is the reduction of pain. In selecting the procedure or combination of procedures for your particular case, Dr. Kluesner will take into consideration the extent of your deformity based on the x-ray findings, your age, your activity level, and other factors. The length of the recovery period will vary, depending on the procedure or procedures performed.

Dr. Kluesner's Surgical Care for Bunions

Some bunions have progressed enough to require surgery. Thanks to the endless hours of research and training Dr. Kluesner has dedicated to the advancement of surgical care, bunion procedures can be performed with minimal disability for the patient. These surgical procedures fall into four general categories as listed below.

Soft Tissue Procedures



These procedures realign the soft tissue structures that surround the great toe joint in order to bring the great toe into better position and remove the enlargement that is known as the bunion. You can walk immediately after surgery using a surgical shoe and are able to

return to a running-type shoe within two weeks and return to all activities within one month.

Metatarsal Head Osteotomies



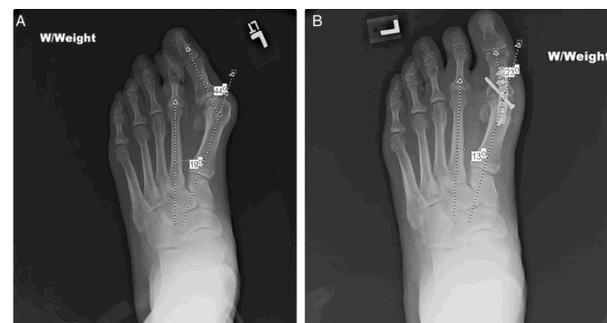
These procedures usually employ some form of soft tissue re-balancing along with cutting the metatarsal head in order to re-align the great toe joint. You can usually walk immediately after surgery using a special surgical boot and be able to return to a running-type shoe within three weeks. The bone cut does not heal for at least six weeks so activities will be restricted for several months following surgery.

Metatarsal Shaft & Base Osteotomies



These are the most complex bunion surgery procedures performed on the more advanced bunion deformities. It involves cutting the metatarsal shaft or base to bring it closer to the second metatarsal. Following the surgery, in many cases you will need to use crutches to ambulate in which no weight can be placed on the ball of your foot for approximately four to seven weeks. You can usually return to regular shoes in seven to eight weeks and to regular activities in two to three months

Joint Destructive Procedures



These are procedures that are used when the great toe joint has become too arthritic for any of the above mentioned procedures. The great toe joint is either completely removed, replaced with an artificial joint or is fused so no motion can occur. These procedures allow you to walk on the foot immediately after surgery usually in a special shoe. If the great toe joint is fused, you would need to wear this special shoe for at least six weeks.