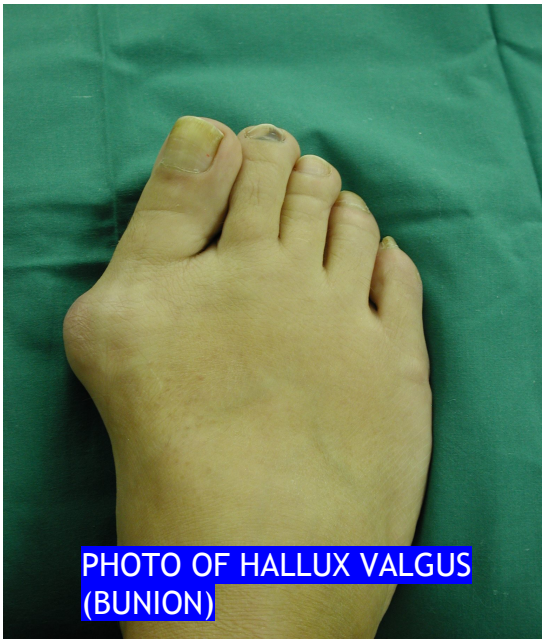
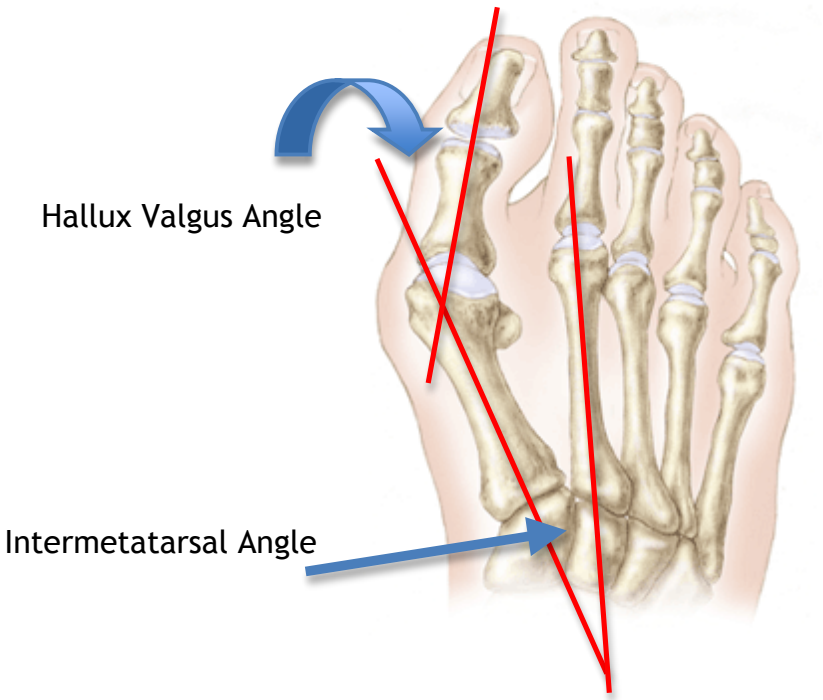


Hallux Valgus (Bunions)

Cornwall Foot and Ankle





Patient Information on Scarf Osteotomy for Hallux Valgus

What is a Scarf Osteotomy?

Scarf Osteotomy is an operation designed to correct the biomechanics of the foot and to improve its function. It is an operation that corrects deformity.

Why do I need a scarf osteotomy?

This operation is performed for deformity of the forefoot (front of the foot) known as hallux valgus (bunion). Hallux Valgus can be a painful condition because of the abnormal biomechanics of the foot and the incorrect positioning of the bones of the front of the foot. It is characterized by an increase in the hallux valgus and intermetatarsal angles as seen above. Surgery is advisable if the bunion is painful, not responsive to simple painkillers or if finding comfortable footwear is a problem. It can also be performed if the bunion presses on or overlaps the second toe causing pain. It is not an operation undertaken for cosmetic reasons, but improved cosmesis is often seen.

What if I have nothing done, what will happen?

If nothing is done there may be no change in the foot but the likelihood is that symptoms may worsen over time or deformity may increase causing worse pain or more difficulty in shoe wear. Further problems with the lesser toes can occur and eventually arthritis may set in.

If the toe joint becomes arthritic then it may be that a fusion is the only option.

How is the surgery done?

Surgery involves two cuts on the foot. One cut is placed in the first web space between the first and second toe (about 3-4cm) and a second incision is placed on the side of the foot and is about 10cm long.

The bony lump is removed and the first metatarsal is divided by a high speed saw, repositioned and then fixed with 2 highly specialized screws. The joint capsule is then stabilized by stitching and occasionally a further bony cut is needed at the end of surgery to improve foot position and this may be fixed with a screw or staple.



What Happens after Surgery?

How long am I in hospital for?

This is surgery is performed as a daycase for most patients. This involves coming to the hospital in the morning and leaving sometime between lunch and dinnertime. It is not uncommon to stay in hospital overnight, in which case one would normally go home the next morning.

What happens when I leave hospital?

When you leave the hospital, you will be wearing a bulky dressing and a Podalux Shoe but will be able to walk on the foot with as much weight as comfort allows. We advise strict resting and elevating the foot for the first 14 days and visiting us in the clinic at around 14 days for removal of stitches. From then on, only a light dressing is needed and you may start to increase activity as tolerated but wearing the wedged sandal for all weight bearing.

How long do I need off work?

You may return to sedentary work after 6 weeks. For those patients who do more manual work or whose work involves standing for long shifts, up to 3 months off work or longer may be required.

When can I drive?

As long as the foot is comfortable, when the metarsal has united most patients can return to driving. This may be possible earlier if the car is automatic and the left foot has been operated on.

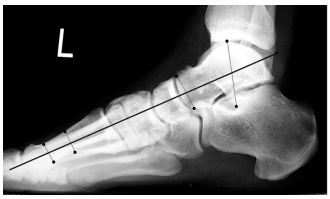
Can I Play sport?

Sport can be resumed after full recovery from surgery has occurred and walking and running is comfortable. It is sensible to start with light activity and build up. The best advice is to listen to your body and increase activity as comfort allows. Most patients can go back to running, swimming and cycling within 6 months.

When will I be seen in clinic?

After this surgery, patients are normally see at 2 weeks to check wounds and remove sutures. You are then seen at 6 weeks and 3 months, with an x-ray to confirm bony union of the metatarsal. Occasionally a further appointment and x-ray is needed.

Risks and Complications of Bunion Surgery



General Risks and Complications

There are general risks associated with having an operation and an anaesthetic, including sickness and nausea. There is a low risk of deep vein thrombosis with elective foot surgery and the British Foot and Ankle Society guidelines suggest a daily injection of fragmin until you are more mobile if we think you are higher risk.



Specific Risks and Complications

The main problem after bunion surgery is of stiffness of the big toe joint and it is important to move this joint to help prevent stiffness. After the foot is operated on the lesser toes may become symptomatic- this is called transfer metatarsalgia and it may mean some inserts for shoes (orthotics) are required.

Non-union or failure of the metatarsal bone to fuse occurs in less than 5 in 100 patients. This may require the operation to be redone.

Infection is a risk after this surgery and this affects less than 1 in 100 patients.

There is a small chance that you may have areas of numbness or sensitivity related to the scar on the foot.

There is a low risk of recurrence after this type of bunion in the years after surgery and if that is the case and if the foot is causing problems the operation may need to be repeated or a fusion may be required.



Reducing Risks and Chance of Complications

We strongly advise all our patients to try and lead a healthy lifestyle, to eat a well balanced diet and take regular sensible exercise. Smoking can increase the rate of problems with foot and ankle surgery by up to 16 times and we advise all our patients to try and stop smoking. Your family doctor may be able to help and advise you in these matters.



What do I do if I run into problems?

If you encounter any problems then we are here to help. We would like you to contact our respective secretary to make an earlier clinic appointment so that we will be able to reassure you or to intervene early.

In emergency please visit your GP or attend the Casualty Department.

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