

## Bunions and Hammertoes

Bunions and Hammertoes are structural deformities of the foot which cannot be corrected with pads, braces, splints or any other devices. Bunions and Hammertoe are corrected by surgery. Both conditions are hereditary in that the foot types which predispose you to getting Bunions and Hammertoe are inherited traits.

**Bunions** are associated with pronation or an excessive flattening motion of the arch upon bearing weight. Over time this flattening of the arch slowly and progressively increases the bunion deformity. This is most noticeable by enlargement of the bump behind the big toe. Bunions can also be associated with the little toe in which case they are known as a Tailors bunion. The bumps are usually the first to become painful due to shoe pressure. Often turning red and swelling around the bunion. Irritation from shoes which are too narrow or a seam hitting this region causes further inflammation. At this stage wider shoes, tennis or athletic style walking shoes should be initiated. This may help decrease the pain and swelling enough to delay surgery for a while. The underlying problem however is not corrected with shoes. The bunion will eventually lead to arthritis of the joint. The wear and tear on a joint with a bunion is accelerated because of the misalignment of the joint. Just as your car will wear out tires faster if your alignment is off, the joint wears out faster if it is not properly aligned. Sport type arch supports help delay this excessive wear on the joint behind the big toe by shifting weight to the other toes and decreasing the flattening of the arch. Eventually surgery may be necessary to relieve joint pain from arthritis.

**Hammertoe** are most commonly caused by the way you walk. A type of gait called flexor substitution causes the toes to excessively claw or grasp at the ground. This is a natural response to maintain ones balance but is excessive in these individuals. Often Hammertoe are referred to as clawtoe deformity for this reason. Eventually this grasping motion leads to the flexor muscles overpowering the extensor muscles and creating toes which are no longer straight when at rest or standing. Other causes for Hammertoe include crowding or overlapping of the toes secondary to bunion deformities. This is often the case in isolated Hammertoe of the second toe where the bunion grows so large the misaligned joint causes the big toe to touch the third toe.

Bunions and Hammertoe are corrected with outpatient surgery usually one foot at a time. The proper time to have surgery truly is an individual decision. From a surgical standpoint there are different procedures to correct a bunion at any stage. The deciding factors are activity level and ability to take time off to recover. To preserve maximum strength of the big toe in push off for sports the earlier the surgery is performed the better. Most surgical procedures performed today for bunions do not require that you stay off your feet. Typical recovery is 6 weeks: 1 day of bed rest, 1 week elevation “house arrest” and, 5 weeks of light activity with bandage and surgical shoe. Almost all bunion surgeries in our practice are performed with absorbable material from the pins to the stitches. Hammertoe also are corrected without leaving any implanted hardware and have a similar recovery. In some instances a pin is temporarily placed to hold the toe in position and removed after 3 weeks. Both surgeries are performed with local anesthesia and sedation at patient choice of hospital or outpatient surgery center.