



Scarf osteotomy (bunion repair)

This information has been produced to help you understand the treatment options for hallus valgus (bunions). If there is anything you do not understand or if you have any questions or concerns, please feel free to discuss them with your doctor.

What are bunions?

A bunion is a bony swelling at the base of the big toe. The medical name for a bunion is hallux valgus. Sometimes, the big toe can become angled inwards, towards the middle of the foot and the second toe.

This can force the top of the first metatarsal to protrude (stick out) from the side of the foot, at the base of the big toe. If this happens, a painful, swollen bunion forms.

It is not known exactly why bunions occur, but wearing badly fitting shoes is thought to be one possible cause.

If bunions become worse over time, they can cause other problems, such as arthritis within the big toe joint.

Why do I need surgery?

Surgery is usually recommended for moderate to severe bunions that aren't relieved by painkillers, bunion pads and orthotic aids. Surgery will improve the alignment of the big toe and is also used to help relieve pain.

Surgery is successful for 85-90% of people who have it. However, there is no guarantee that your foot will be perfectly straight, or pain free, after the operation.

How is the repair done?

You will be asked to wash your feet thoroughly on the day of operation and keep them clean, as this will reduce the rate of infection.

The operation is done through two incisions (cuts) – one on the top of the foot between the first and second toes and the other one on the inner side of first metatarsal.

A tendon (adductor hallucis) is divided which will help to bring the toe back to normal position.

The first metatarsal is divided and moved around to correct the deformity. The cut bone is fixed with two screws. The capsule of the joint is repaired to keep the toe in a straight position.

In very severe cases, an additional procedure (Akin osteotomy) may be required to achieve good correction. You will have dissolvable stitches. No plaster cast is required.

The operation can be done as a day case but if your mobility is poor or you have a serious medical condition, you will be kept in hospital overnight. The operation takes about 1 hour to do. It is generally done under a general anaesthetic (you are asleep).

You will be assessed by a physiotherapist and the foot will be x-rayed before you leave hospital.

After the operation

You will be on crutches, walking on the heel for 6 weeks.

You will have moderate pain to the scale of 5/10. You will need some painkillers for the first few days. You need to keep the foot elevated for the first few days until the swelling settles.

You will have a bulky dressing, which will be changed to a lighter dressing at the first follow up appointment.

You will then be followed up in clinic in 10 to 14 days to check the wound and again at 6 weeks to assess the healing.

You may need 6 weeks of time off work depending on the nature of your job.

You won't be able to drive until you can do an emergency stop without any pain in the foot.

What risks are there involved in the procedure?

- Infection
- Nerve damage – causing numbness and painful scar
- Deep vein thrombosis (DVT) and pulmonary embolism (PE) – blood clots in the vein or lungs – very rare
- Non-union (where the repair doesn't 'take')
- Recurrence (a bunion coming back)
- Stiffness in the joints of the toes
- Pain under the ball of your foot or the other toes (Transfer metatarsalgia)
- Complex regional pain syndrome (CRPS)

Useful numbers and contacts

Adult Day Surgery Unit:	0118 322 7622
Redlands Ward:	0118 322 7484 / 7485
Pre-operative Assessment:	0118 322 6546
Clinical Admin Team (CAT5)	Tel: 0118 322 7415 CAT5@royalberkshire.nhs.uk

To find out more about our Trust visit www.royalberkshire.nhs.uk

Please ask if you need this information in another language or format.

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