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## Patient agreement to investigation or treatment

# Metatarsal Osteotomy (bunion surgery)

**Author:** ©Andrew HN Robinson

**Brief description:**

- You have been recommended to have surgery to remove your bunion. A bunion is a lump at the base of the big toe, which is caused by a sideways drifting and angulation of the big toe.
- Here, we explain some of the aims, benefits, risks and alternatives to this procedure (operation/treatment). We want you to be informed about your choices to help you to be fully involved in making any decisions.
- Please ask about anything you do not fully understand or wish to have explained in more detail.
- If you would like this information in another format or language or would like help completing the form, please ask a member of our staff.

**Please bring this form with you to hospital**

- You will be asked to read this form carefully, and you and your doctor (or other appropriate healthcare professional) will sign it to document your consent.
- All our consent forms are available on the Addenbrooke's website:  
<http://www.addenbrookes.org.uk/consent>
- Remember, you can change your mind about having the procedure at any time.

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**For staff use:**

Does the patient have any special requirements? (For example, requires an interpreter or other additional communication method)

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## About Metatarsal Osteotomy

A bunion is not a bump on the bone itself, it is caused by a change in angulation of the bones in the foot. Sometimes, it is painful in itself, but more commonly it causes symptoms by pressure on footwear or, on occasions, by crowding or crossing of the smaller (lesser) toes. Indeed, the second toe can become so crowded that it becomes clawed, and can cross over the big toe.

## Before your procedure

- The surgery is usually carried out under sedation combined with local anaesthetic. On occasions a general anaesthetic is used (see below for more information). Surgery is usually performed either as a day-case (you will **not** have to stay in hospital over-night) or as an inpatient with a stay in hospital over-night.
- If you have your surgery as an inpatient then you will be invited to attend a pre-admission clinic when you will be seen by one of the House Officers (junior doctors) attached to the Department.
- At this clinic, we shall ask you for details of your medical history and carry out any necessary clinical examinations and investigations. This is a good opportunity for you to ask us any questions about the procedure, but please feel free to discuss any concerns you might have at any time.
- You will be asked if you are taking any tablets or other types of medication - these might be ones prescribed by a doctor or bought over the counter in a pharmacy. It helps us if you bring details with you of anything you are taking (for example: bring the packaging with you).

## During the procedure

- Before your procedure, you will be given the necessary anaesthetic and sedation - see below for details of this.
- An osteotomy is an operation in which the bone (in this case the metatarsal bone) at the base of the toe is divided and replaced into a more correct position. Any bony bump is usually trimmed at the same time. The operation aims to strengthen the great toe, and narrow the forefoot. Because the operation involves dividing the bone, the foot has to be held in position while the bone heals together again. In the majority of cases, small screws, wires or staples are used. The foot is usually protected in a special post-operative shoe for six weeks after surgery.
- Occasionally, the big toe is osteotomised (broken) as well, a procedure known as an **Akin**. The fracture made in the bone allows the bones to be repositioned, so that the bunion disappears.

## After the procedure

- After either type of operation, you will wake up with your foot in a bandage. The foot is always sore, but the pain can be helped with painkillers (usually as tablets).
- **Eating and drinking:** After the operation, you will be able to eat and drink when you are awake again. How quickly you return to a normal diet will depend on how you feel.

Most patients recover their appetite very quickly.

- **When you can leave hospital:** Most people who have had this type of procedure will be able to leave hospital either that day or the next day after the operation. The actual time that you stay in hospital will depend on your general health, how quickly you recover from the procedure and your doctor's opinion.
- **Getting around and about:** When you are discharged from hospital, to start with, you will need to rest your foot and keep it elevated (above your heart level) most of the time. You will find that when your foot is lowered, it will throb and swell which is to be avoided. With time, you will find you can keep the foot down for longer periods of time. At around two weeks after surgery, you will return to the clinic for removal of your sutures (stitches).
- **Special measures you need to take after the procedure:** On average, you should expect to wear the post-operative shoe for six weeks. After this, you will need to wear an open-toed sandal, preferably with adjustable straps. It will be a further six to eight weeks before you can wear a 'standard shoe' for a working day. You will be given more detailed information about any other special measures you need to take after the procedure. You will also be given information about things to watch out for that might be early signs of problems (for example: infection).
- **When you can resume normal activities including work:** It is usually three to six months from the operation before you can expect to resume either recreational walking or light sporting activities.
- If your recovery is slower than these times, do not be alarmed because they are only averages. If you think your recovery is being too slow please let your surgeon know when you attend the clinic.
- **Check-ups and results:** Before you leave hospital, you will be given details of when you need to return to see us for example: outpatient clinics or for the results of your surgery. At this time, we can check your progress and discuss with you any further treatment we recommend.

## Intended benefits of the procedure

- The surgery is designed to reduce the pain in your foot caused by a bunion and prevent it recurring.

## Who will perform my procedure?

- This procedure will be performed by the Orthopaedic surgeon.

## Alternative procedures that are available

- Early, minor bunions can respond well to the use of foot splints or braces, although the effects are often short-lived. Wearing corn plasters or pads can also relieve symptoms of local pressure. Shoes can be specially made or adapted to accommodate the bunion within a broad front (toe-box).
- Some bunions are caused by having a flat foot and/or after collapse of the arches; these

can be helped by wearing arch supports in your footwear.

- More severe bunions can only be corrected by surgery. This surgery should only be undertaken if the symptoms are significant and appropriate non-surgical treatment has been considered.

## Serious or frequently occurring risks

This surgery is a commonly performed and is generally considered a safe operation. For most people the benefits are greater than the disadvantages. However, all surgery does carry some element of risk. Smoking increases the risk of a complication. Despite the great care that is taken with the operation and afterwards, a small number of people (up to 10%) may have a less-than-perfect result due to problems such as:

- Recurrence of the bunion
- Over-correction of the great toe (so that it points inwards).
- Stiffness and pain in the toe.
- Sensitisation of the foot caused by damage during the operation to the small nerves and blood vessels.
- Non-healing of the bone.
- Development of a corn under the second toe caused by weight transfer to the second toe.
- Infection of the toe/foot, which can be treated with antibiotics.
- The complications of any surgery, such as thrombosis (a blood clot).
- Occasionally, the foot can be worse after surgery than it was before. On occasions this worsening is not correctable.
- Most problems can be treated by medications, therapy and on occasions by further surgery, but even allowing for these, sometimes you will only achieve a poor result. For this reason, we do not advise surgery for purely cosmetic reasons. We also advise against prophylactic surgery (preventive surgery to avoid problems that are not yet present).
- **How do I know if I have a complication?**
  - Some problems (such as recurrence of the bump, or formation of a corn) become obvious with time but tend not to need urgent care.
  - It is important that you notify your general practitioner (GP) if you get an increase in pain after you go home, and if the pain does not settle with elevation of the foot and mild painkillers. This can indicate an early infection in the wound/toe.
  - If you experience a swelling of the leg or foot that does not settle when the foot is elevated above heart level, you should seek medical advice from your GP.

## Information and support

- You might be given some additional patient information before or after the procedure for example: leaflets that explain what to do after the procedure and what problems to look out for. If you have any questions or anxieties, please feel free to ask a member of staff.

Day Surgery Unit at Ely: 01353 652 279  
Your consultant's registrar or secretary: 01223 245151 (via Addenbrooke's switchboard)

## Your anaesthesia

### Local Anaesthesia

In local anaesthesia the local anaesthetic drug is injected into the skin and tissues at the site of the operation. The area of numbness will be restricted and some sensation of pressure may be present, but there should be no pain. Local anaesthesia is used for minor operations. Usually a local anaesthetic will be given by the doctor doing the operation.

### Sedation

Sedation is the use of small amounts of anaesthetic or similar drugs to produce a 'sleepy-like' state. It makes you physically and mentally relaxed during an investigation or procedure which may be unpleasant or painful (such as an endoscopy) but where your co-operation is needed.

You may remember a little about what happened but often you will remember nothing. This is known as 'conscious sedation', and may be used by other professionals as well as anaesthetists.

Please ask if you require this information in other languages, large print or audio format: 01223 216032 or [patient.information@addenbrookes.nhs.uk](mailto:patient.information@addenbrookes.nhs.uk)

Potete chiedere di ottenere queste informazioni in altre lingue, in stampato grande o in audiocassetta.

### Italian

若你需要本信息的繁體中文、大字體或音訊格式的版本，請要求索取。

### Cantonese

तमने आ माळिती बीछ भाषाओमां, मोटा अक्षरोमां अथवा सांभली शक्य जेवा माध्यम (ओडीओ डोमेन्ट)मां जेठती छोय तो कृपा करीने पूछो.

### Gujarati

تکایہ پرسیار بکے نہ گھر نہ وزانیاریہت دہوی بہ زمانیکی تر ، بہ پیتی گہورہ یانیش بہ شیوہی دہنگ

### Kurdish

آگر آپ کو یہ معلومات دوسری زبانوں میں، بڑے الفاظ کی اشاعت میں یا آڈیو ٹیپ پر درکار ہوں تو ہمارے مہربانی اس کیلئے درخواست کریں۔

### Urdu



Addenbrooke's is smoke-free. Please do not smoke anywhere on the site.  
For advice on quitting, contact your GP or the NHS smoking helpline free, 0800 169 0 169

## Document History

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Consent form 1

# Patient agreement to investigation or treatment

<b>For staff use only:</b> Surname: First names: Date of birth: Hospital no: Male/Female: (Use hospital identification label)
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Responsible health professional/job title

Special requirements .....  
 (For example other language/other communication method)

**Name of proposed procedure or course of treatment**

**Metatarsal Osteotomy** **Side (left/right).....**

**Statement of health professional**

(To be filled in by a health professional with an **appropriate knowledge of the proposed procedure**, as specified in the Hospital's consent policy)

I have explained the procedure to the patient. In particular, I have explained:

- How it will be performed
- The intended benefits of the procedure
- Any serious or frequently occurring risks including those specific to the patient .....

.....  
 • Any extra procedures that might become necessary during the procedure

- Blood transfusion
- Other procedure (please specify) .....

I have discussed what the treatment / procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient.

- The following information leaflet has been provided: .....  
 ..... Version/Date/Ref: .....

This procedure will involve:

- General and/or regional anaesthesia
- Local anaesthesia
- Sedation

**Health professional's signature** ..... **Date:** .....

Name (PRINT): ..... Job title: .....

Contact details (if patient wishes to discuss details later) .....

I have offered the patient information about the procedure but s/he has declined information.

**Important notes: (tick if applicable)**

- The patient has withdrawn consent (ask patient to sign/date here) .....
- See also advance directive/living will

**Statement of the interpreter (if appropriate)**

I have interpreted the information to the best of my ability, and in a way in which I believe s/he can understand:

Interpreter's signature ..... **Date:** .....

Name (PRINT): .....

Copy accepted by patient: yes / no (please circle)

For staff use only:

Surname:  
 First names:  
 Date of birth:  
 Hospital no:  
 Male/Female:  
 (Use hospital identification label)

**Statement of patient**

Please read this form carefully. If your treatment has been planned in advance, you should already have your own copy, which describes the benefits and risks of the proposed treatment. If not, you will be offered a copy now. Do ask if you have any further questions. The staff at Addenbrooke's are here to help you. **You have the right to change your mind at any time before the procedure is undertaken, including after you have signed this form.**

Training doctors and other health professionals is essential to the continuation of the Health Service and improving the quality of care. Your treatment may provide an important opportunity for such training, where necessary under the careful supervision of a senior doctor. You may, however, decline to be involved in the formal training of medical and other students without this adversely affecting your care and treatment.

**Please read the following:**

**I understand** that I will have the opportunity to discuss the details of anaesthesia with an anaesthetist before the procedure, unless the urgency of my situation prevents this. (This only applies to patients having general or regional anaesthesia.)

**I understand** that you cannot give me a guarantee that a particular person will perform the procedure. The person undertaking the procedure will, however, have appropriate experience.

**I understand** that any procedure in addition to those described on this form will only be carried out if it is necessary to save my life or to prevent serious harm to my health.

**I have been told** about additional procedures which may become necessary during my treatment. I have listed below any procedures that **I do not wish, without further discussion, to be carried out.**

**I understand** that any tissue (including blood) removed as part of the procedure or treatment will be anonymised and may be used for teaching or quality control, and stored or disposed of in a manner regulated by appropriate, ethical, legal and professional standards.

**I understand** that all research will be approved by a research ethics committee and undertaken in accordance with appropriate ethical, legal and professional standards.

**I understand** that the research may be conducted within a hospital, university, not for profit organisation or a company laboratory.

**Please tick boxes to indicate you either agree/disagree to the three points below.** Yes No

**I agree** that tissue (including blood) not needed for my own diagnosis or treatment can be used for **research which may include genetic research.** If you wish to withdraw your consent for the use of your tissue (including blood) for research, please contact the Patient Advice and Liaison Service at Addenbrooke's Hospital.  Yes  No

**I agree** to the use of photography for the purpose of diagnosis and treatment.  Yes  No

**I agree** to anonymised photographs being used for medical teaching.  Yes  No

**I confirm** that the risks, benefits and alternatives of this procedure have been discussed with me and I have read and understood the above and agree to the procedure (or course of treatment) on this form.

**Patient's signature:** ..... Date: .....

**Name (PRINT):** .....

If the patient is unable to sign but has indicated his/her consent, a witness should sign below. Young people may also like a parent to sign here (see guidance notes).

**Witness' signature:** ..... Date: .....

**Name (PRINT):** .....

**Confirmation of consent** (to be completed by a health professional when the patient is admitted for the procedure, if the patient has signed the form in advance)

On behalf of the team treating the patient, I have confirmed with the patient that s/he has no further questions and wishes the procedure to go ahead.

Signature.... Date: .....

Name (PRINT): ..... Job Title: .....

