

Plain Talk About Bunions

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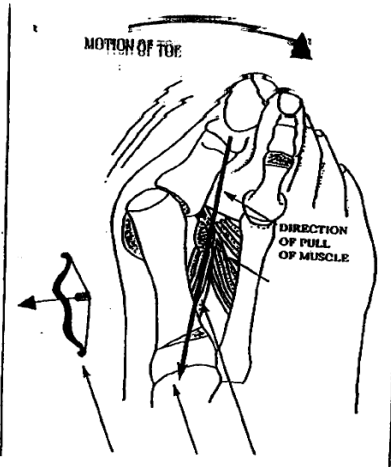
There is misinformation and confusion about bunion deformities. This article will explain how bunions develop, what can be done and most importantly what should not be done. Dr. Young is a board certified foot surgeon with over twenty five years of experience. She is familiar with the history of bunion treatments and surgery and she is trained in state of the art modern procedures. This article is her opinion based on that experience.

WHAT IS A BUNION?

A bunion is an enlargement or bump just behind the big toe. This bump is formed by the movement of the joint and not usually a large growth of bone. The foot appears wider. Nerves and vessels are in the skin overlying the bunion joint. Over time, and in certain shoes or even while lying in bed, the pressure over the joint hurts or becomes numb.

A foot that rolls inward (pronates) seems to cause and lead to many foot problems such as hammer toes, heel spurs and bunions. When a person walks on this weakened foot structure, joints slowly move out of position. Secondly, muscles that control these joints maintain the bunion deformity and worsen it. This means that once the bunion deformity starts it will be maintained and worsened if not properly treated.

Please refer to the diagram to aid in your understanding of a bunion deformity. It shows the muscles that pull at an angle on the big toe. Once this process gets started, your muscles and tendons act in a misaligned or crooked manner. This explains why bunions only get progressively worse and never improve or get straighter. This also explains why the foot gets wider and shoes get tighter when a person has a bunion.



Certain factors now become apparent. The real problem is not the bunion at all but the misalignment of the other bones that cause the bunion. The amount of over pronation, or excessive flexibility of the foot, is determined by genetic inheritance and aggravated

by shoe gear. Often shoes are blamed for causing bunions but I have met many people who have bunions and have never worn high heeled, pointed toed shoes.

Before biomechanics (the study of walking) was understood, bunions were treated by merely shaving off the bump. The problem soon recurred and the patient was often worse off than before the surgery. This recurrence is due to the poor alignment of the bones, which were never realigned. The visible prominence of the side of the metatarsal head was shaved off. Not only was the joint not realigned in a better functional or normal position, but also a lot of the joint was actually removed, leaving the joint in worse condition than before.

WHY APPEARANCE DOES NOT ALWAYS COINCIDE WITH PAIN

Some people have pain in the big toe joint and their friends tell them “how can it hurt, there is nothing to see” or “it doesn’t look as bad as your other foot.” You can’t go by appearances. Sometimes a bunion may be severe but have minimal arthritis and not hurt. Or a straighter toe may develop arthritis but without a visible angle of the toe.

Besides the angle caused by the first metatarsal moving to the outside as the muscles become uneven or unbalanced around the joint, another very common problem can develop. It is called “hallux limitus” or limited motion of the great toe. The first metatarsal can be a little too long in length or too mobile in the upward direction. Although the excessive length or movement upward may be only a very small amount, it will eventually lead to joint stiffening and arthritis after many years of walking. Usually not symptomatic until around age thirty-five or so, the joint slowly widens. There may be mild swelling on the top of the joint. The great toe joint jams with every step due to the abnormal length or movement of the metatarsal with every step taken. Combine this with sports, shoes, high heels, etc and the joint will develop width and spurring around the edges.

ABOUT TREATMENTS

Fortunately, orthotics that are custom made to adjust the stress through the joint can help delay and sometimes even avoid surgery. Over the years, even surgical treatment for this frustrating condition has changed. Because often this only affects the great toe joint and not the other joints in the foot, it is not really an arthritic condition but more of a trauma caused arthritis. It doesn’t spread to the other joints.

Doctors generally have told patients to live with the pain until they can’t stand it any longer. That was because the only treatments involved removing the joint and either fuse it together or replace it with an artificial joint. Not an optimal solution for an active person.

But when you are thirty-five or forty-five, and have an active lifestyle, the advice to live with pain forever is not acceptable any longer. Much success has been achieved by Dr.

Young with joint preservation procedures that are designed to create a joint space, remove the arthritic spurring and increase the mobility of the joint. The newest technique involves renewing the actual growth of cartilage, which is a wonderful natural process and has been performed ankles and knees for the past few years. Dr. Young is trained and experienced with cartilage regeneration and is happy to offer this as part of the treatment plan. Her goal is to enable you to stay active.

SHOULD A BUNION BE SURGICALLY REPAIRED AND, IF SO, WHEN?

******Bunions never get better on their own. This means no bunion has ever been known to straighten out by itself. Sometimes the pain will go away and seem to become better. But the problem is still there; it just does not hurt with all shoes.

******There is a limit on just how much deformity can be repaired with reasonable degree of certainty of success. There have been advances in bunion surgery over the past twenty-five years and the success rate has increased to over 90%. Factors contributing to this are the advances in technique, instruments designed especially for the small foot bones and a greater knowledge of how the foot works (biomechanics). The instruments have gone from cumbersome saws and drills used in knee and hip surgery to a fine, pencil like saw that is the next best thing to a laser cut because it is so precise. Fixation of the bone cut has advanced from wires sticking out through the skin to small screws called bunion screws and even fixation using small bone pins that absorb and never need removing. All this means a better result, with faster healing and less swelling and pain.

The time to repair the bunion deformity is when it is recognized, if possible. There are many doctors who advocate postponing this type of surgery until the patient is in severe pain. It is my professional opinion and observation over many years that this attitude has carried forward from many years ago, when the procedures were less reliable and knowledge of how bunions develop did not exist. Years ago, poor results left horror stories that persist today without anyone recalling or knowing the details or reasons.

Waiting until the pain is great, often means waiting until arthritis has developed and the joint cartilage has been worn away. Straightening an arthritic painful joint only gives a good-looking straight, but still painful arthritic joint. Also, over time the bunion deformity will cause other problems like hammer toes and pinched nerves. The time to realign and improve the joint function is before it becomes greatly arthritic. Frankly, however, not all bunions become seriously arthritic and that leads one to wonder what to do when their foot hurts but not in an agonizing way.

In the past there was a much higher failure rate associated with bunion surgery. Results of research on how the foot functions (biomechanics) and improvements in surgical

technique have led to the development of surgical procedures that provide excellent permanent results.

IF MY BUNION DOESN'T HURT, WHY TREAT IT?

Referring back to the diagram, it can be seen that with every bunion, there is an underlying deformity of the first metatarsal bone. This is not just cosmetic problem.

Bunions are not just ugly things. This deformity very much affects the way a person walks. It will limit the person's ability to push off when they walk forward. The heel bones have to be out of alignment for this to happen (pronation). It is interesting to note that there is a high correlation between knee, leg, hip and even lower back pain and bunion deformities. Often, patients have told me that their back and hips feel better or there is a sense of better balance after their surgery. This is no coincidence. The slightest change in how the feet work will affect the joints of the legs and back.

A bunion deformity is not just a cosmetic problem. It can affect not only your foot but the rest of you as well. Generally one's lifestyle activities are often affected when their feet are not in good working order.

WHAT ABOUT WIDER SHOES?

Shoes will initiate the pain in a bunion but if the deformity did not already exist, the tendency to develop a bunion would not necessarily be present. The idea of shoes causing bunions has led people, including doctors, to recommend wider shoes to those who suffer from bunion deformities. This is not a complete or necessarily wise approach because it allows the bunion to get worse, and the joint to become more deformed and possibly arthritic. A properly fitted shoe with adequate support is a better idea. A shoe with a style that has a square or round shaped toe box is advisable.

WILL MY BUNION COME BACK?

The answer to this question is not a simple "yes" or "no". The best answer I have is that it will not redevelop if you take care of the real cause of the bunion. By caring for your feet, careful shoe selection and the daily protection against excessive stresses on your foot joints, (possibly by wearing orthoses), you can expect very little chance of recurrence. You cannot change your heredity, but being aware of the type of feet that you have, and wearing appropriate shoes and support devices, if necessary, will go a long way to enabling you to participate in activities you desire, such as walking, running, golf and tennis.

Think about this. If you knew how to recognize a bunion deformity early and knew what to look for subtle changes that precede a bunion deformity, wouldn't you take preventative steps to avoid developing the bunion?

Wouldn't it have been nice to know this a few years ago? Having a bunion corrected and realigned gives you a new chance at having more perfect feet that will serve you well.

I sincerely hope this article has been of some help to you or to someone you know who has a bunion deformity. It is just my opinion.

YOU MAY RECEIVE ADDITIONAL BROCHURES ON BUNIONS AND OTHER FOOT PROBLEMS BY CONTACTING OUR OFFICE



**Fellow, American College of Foot Surgeons
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Dr. Young is board certified by the American Board of Podiatric Surgeons, a Fellow of the American College of Foot surgeons, a member of the American Podiatric Medical Association, and other associations. With over twenty-five years of practice experience, she welcomes your comments and questions.

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