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## **Minimally Invasive Bunion Correction**

### **What is a bunion?:**

A bunion is a foot deformity in which the first metatarsal bone (M1) begins to migrate inward, away from the second metatarsal (M2). This causes a bump to form on the inside of the big toe. This can sometimes be irritating with shoes and certain activities.

### **Presence of arthritis of the big toe joint:**

There are three main problems that can form at the big toe joint that cause pain for patients:

- Bunion
- Arthritis
- Bunion with arthritis

When considering permanent correction of a bunion, x-rays need to be taken to identify the presence or absence of arthritis in the big toe joint. If there is arthritis, there may be a more ideal procedure of choice that will correct both the bunion deformity and the arthritis at the same time.



### **Procedural Objectives:**

As with all corrective bunion procedures, the goal of the minimally invasive bunion procedure is to more appropriately align the first metatarsal with the second metatarsal. This is achieved with an osteotomy (bone cut) and a shifting of the first metatarsal toward the second metatarsal. This both narrows the forefoot as well as better aligns the big toe joint.



### **Day of surgery:**

Surgery is commonly performed under sedation anesthesia (twilight) or local anesthesia. In the operating room, local anesthesia is used to numb the procedure site. Depending on the number of procedures being performed, surgery usually lasts between 45 to 75 minutes. A pin, screw, or a combination of the two are used to hold the bone in the corrected position while it heals. Pins are removed several weeks after surgery, whereas screws remain in the foot unless they become irritating, necessitating removal. After the procedure, the foot is bandaged and placed in a surgical shoe or boot. The patient is almost always weightbearing in a protective foot device starting the day of surgery.

## Recovery:

Recovery from the minimal approach bunion is broken down into three phases:

- Phase I (0-4/6 weeks)
  - Walk in surgical shoe or boot
  - Pin removed at 4-6 weeks
- Phase II (5-8 weeks):
  - Begin aggressive range of motion of the big toe joint
  - Transition to a hard-soled shoe at week 5 or 6
  - Normal everyday walking by week 8
- Phase III (9+ weeks):
  - running , jumping, recreational activity weeks 12-16
  - Swelling common for 6 months



Minimal Approach



Traditional

## Complications:

As with any surgery, complications can occur with minimally invasive bunion surgery. These include prolonged swelling, skin or pin site infection, nonunion (non-healing bone), or recurrence. Most of these complications are clinically treatable and do not require a return to surgery.

## Common Patient Questions and Concerns:

- Is there a lot of pain associated with the procedure?
  - Just like a broken bone, there is some pain following surgery. The numbing medicine will last 8-12 hours. After this, pain medicines, icing, elevation, and rest are the best ways to regulate postoperative pain. I instruct my patients to focus on the first 3 days following surgery. Once this time has passed, much of the acute inflammation from surgery has subsided.
- When can I begin wearing normal shoes again?
  - Most patients are able to return to supportive athletic shoes between 5 and 6 weeks. This is determined by postoperative clinical improvement as well as X-ray healing.
- When can I workout or run again?
  - All patients heal at different speeds. Most patients are able to return to recreational activity within 3-4 months of surgery.
- What do I do about work?
  - Depending on work requirements and the ability to find modified work duties, most patients can perform sitdown tasks starting 2-3 weeks following surgery. Standing for 6-8 hours usually requires 8-10 weeks of bone healing from surgery.
- Is the minimal approach bunion right for me?
  - The minimally invasive bunion correction is not appropriate for all bunion or big toe deformities. A clinical exam and x-rays will help determine what is the ideal procedure for your foot type and deformity.

