PROCEDURE

Bunion removal

Bunion removal is surgery to reduce pain and realign the bones around the big-toe joint.

PURPOSE
Relieve bunion pain and improve big-toe alignment

PROCEDURE TYPE
Therapeutic surgery, performed open or through small incisions

WHERE IT IS DONE
Operating theatre, usually as day surgery

ANAESTHESIA
Local or general; sedation may also be used

HOW LONG IT TAKES
About 30 to 120 minutes, based on the operation

PREPARATION
Medication review, fasting if instructed, and a ride home

RECOVERY
Same day usually; no driving until safely cleared

MAIN RISKS
Infection, nerve injury, poor bone healing, or recurrence

RESULTS
Alignment seen immediately; comfort and function assessed over months

Overview

Bunion removal is more accurately called bunion correction surgery. A bunion is a bony prominence at the base of the big toe caused by the bones around the joint moving out of alignment.

The operation usually involves more than shaving off the bump. The surgeon may cut and reposition bone, balance soft tissues, and secure the correction with screws, plates, wires, or staples. A badly damaged joint may be fused.

Surgery may use one longer incision or several small incisions. The best approach depends on the deformity, joint damage, foot shape, and the surgeon's experience.

Why the procedure is performed

The aim is to reduce pain and improve foot function. Surgery may be considered when a bunion makes walking, standing, exercising, or wearing reasonable footwear difficult.

It is usually offered after wider shoes, padding, activity changes, pain medicines, or shoe inserts have not provided enough relief. These measures may reduce symptoms but do not permanently straighten the bones.

Surgery is not normally recommended for appearance alone because recovery takes time and complications are possible.

Who should and should not have it

You may be offered surgery for persistent pain, reduced function, or a worsening deformity despite nonsurgical care. Standing X-rays help the surgeon select the procedure.

Surgery may be avoided or delayed if you have:

Reduced sensation, severe arthritis, previous foot surgery, or inflammatory disease may affect which operation is safest but do not always rule out surgery.

- Little or no pain
- An active skin, nail, or deeper foot infection
- Poor blood flow that may prevent healing
- A medical condition that is not adequately controlled
- Difficulty following wound-care or weight-bearing restrictions
- Smoking or nicotine use, which increases the risk of delayed bone healing

How to prepare

Follow your treating facility's instructions, as preparation varies by operation and anaesthetic.

Tell the team about all medicines, vitamins, supplements, allergies, and previous anaesthetic problems. Ask what to do with blood thinners and diabetes medicines. Do not stop prescribed medicine unless instructed.

Follow the exact fasting instructions you receive. Surgery may be postponed if you eat or drink when told not to.

Arrange for someone to take you home. Prepare a place to rest with your foot raised. You may

need crutches, a walker, or a surgical shoe. Wear loose clothing that can fit over the dressing.

What happens during the procedure

The team confirms the correct foot and planned operation. You may have a general anaesthetic, local anaesthetic, regional nerve block, sedation, or a combination.

Through one or more incisions, the surgeon may:

Screws or other implants commonly hold the bone in position and usually remain in place. The incisions are closed and the foot is placed in a dressing, surgical shoe, boot, splint, or cast.

- Remove the prominent part of the bone
- Cut and realign bone, called an osteotomy
- Balance tendons, ligaments, and the joint capsule
- Fuse a damaged or unstable joint, called arthrodesis

Recovery and what to expect afterward

Pain and throbbing are common during the first few days. Raise your foot and take pain medicine as directed. If a nerve block leaves the foot numb, protect it from heat, pressure, and injury until feeling returns.

Weight-bearing rules depend on the operation. You may be allowed to walk in a special shoe or may need to keep weight off the foot for several weeks. Follow your team's instructions rather than testing the foot yourself. Swelling can last for months.

Do not drive while taking medicine that causes drowsiness. You must also be out of a restrictive boot or shoe and able to control the pedals and perform an emergency stop safely. Right-foot surgery may delay driving longer. Check with your surgeon and motor insurer.

Return to work depends on your duties. Seated work is usually possible sooner than work involving standing, walking, climbing, or lifting. Sport generally takes longer because bone and soft tissues need time to regain strength.

Risks and possible complications

Possible complications include infection, bleeding, delayed wound healing, and a blood clot in the leg. Nerve irritation or injury may cause numbness, tingling, or scar sensitivity.

Bone may heal slowly, heal in the wrong position, or fail to join. The joint may remain stiff or painful, and implants can occasionally become uncomfortable and require removal.

The bunion may return, or the toe may rarely be overcorrected in the opposite direction. Surgery cannot guarantee a pain-free foot or unrestricted footwear.

Results and follow up

Alignment changes are visible immediately, but swelling and bone healing mean the final result takes months to assess.

Follow-up appointments allow the team to inspect the wound, manage dressings, check toe position, and remove nondissolving stitches. X-rays may be used to confirm healing before restrictions are relaxed.

Do not remove or change a corrective dressing unless shown how. Contact the clinic with questions about dressings, footwear, exercises, work, or appointments. Shoes with enough room for the toes can reduce pressure on the corrected area.

Alternatives

If pain is manageable and the skin is healthy, monitoring the bunion is reasonable, although the deformity may gradually worsen.

Wider shoes, soft uppers, padding, and protective sleeves can reduce pressure and rubbing. Shoe inserts may improve comfort. Toe spacers or splints may temporarily alter toe position but do not permanently correct an established bunion.

Activity changes and appropriate pain medicine may control symptoms but may require limiting painful activities.

If arthritis is the main problem, options may include joint-preserving correction or fusion. Fusion can provide stability and pain relief but permanently removes movement from that joint. Ask which alternatives suit your X-rays, activities, and goals.

When to call your healthcare team

Contact the surgical team promptly if you develop:

Seek emergency help for sudden shortness of breath, chest pain, coughing up blood, fainting, or severe difficulty breathing. These may indicate a blood clot in the lungs.

Mild swelling, bruising, and discomfort are expected. Discuss slow progress, stiffness, footwear, or return to activity at follow-up unless symptoms are rapidly worsening.

- Increasing pain, redness, warmth, or swelling around the wound
- Pus, an unpleasant smell, or fluid soaking through the dressing
- Fever or feeling unwell with wound changes
- A dressing, cast, or boot that feels increasingly tight
- Toes that become pale, blue, cold, newly numb, or difficult to move
- New calf pain or one-sided calf swelling

Common questions

Will I be asleep for bunion surgery?

You may have a general anaesthetic or local or regional anaesthesia with sedation. Ask which option is recommended for your operation.

Can I drive myself home?

No. Anaesthesia, sedation, pain medicine, and the surgical dressing or shoe can make driving unsafe. Arrange a ride home.

How painful is bunion removal?

Pain is expected, especially during the first few days. Elevation, pain relief, and sometimes a nerve block help. Report severe or rapidly worsening pain.

When will I know if it worked?

Alignment can be assessed immediately, but pain relief, movement, walking comfort, and shoe fit are judged over several months.

Will the screws need to come out?

Usually not. Removal may be considered if an implant becomes painful, prominent, loose, or infected.

Will my bunion come back?

Recurrence is possible. Risk depends on the original deformity, procedure, healing, foot structure, and footwear.

Sources

- American Academy of Orthopaedic Surgeons, OrthoInfo. "Bunion Surgery."
- American Orthopaedic Foot & Ankle Society, FootCareMD. "Bunion Surgery."
- National Health Service. "Bunions."
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