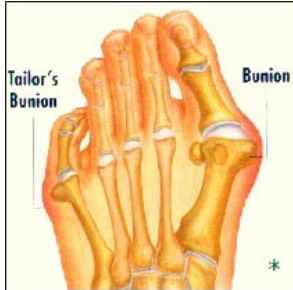


Bunion/s ...is not a lumberjack from Canada!

What are they and why do they hurt.

Want to impress a friend! Tell them, “The foot doctor said I have a hallux-abducto-valgus (bunion) type big toe joint.” Also, remind them that all bunions are not created equal – and that is why some hurt (bursitis/inflammation) and many are pain free.



Bunions generally come in two types: Structural (inherited) ...if granny had them, so may you, and Acquired (other causes) ...arthritis joint, injury and improper footwear – there are other reasons. A hallux-abducto-valgus (Bunion) deformity is more common as we age but juvenile bunions are on the increase and early diagnosis and treatment can help prevent adult deformities. Bunions can – and do, develop on both the large and small metatarsal joint concurrently and vary in size and severity.

Common symptoms include pain, redness, swelling and stiffness in and around the metatarsal joint – often aggravated by activities and shoes. *My ski boots are killing my joints!*

The diagnosis can be made by clinical examination and symptoms - but x-rays confirm the extent of the joint changes. This helps determine the most appropriate treatment option.

Treatment options include: medications to reduce inflammation (oral/injection), inserts (orthotics) to help straighten toe joints, change in footwear and surgical correction. Frequently, some combination of treatment options will be recommended: *joint injection with the use of an oral anti-inflammatory with a change in footwear.* Treatment options are determined by the type of bunion, the amount of bone changes and the intensity of clinical symptoms – there are other factors.

By the time a bunion becomes persistently painful when walking, exercising or wearing normal shoes, some type of surgical intervention is usually necessary. Fortunately, technology and surgical experience has made it possible to correct most bunion deformities with limited interruption in regular activities, however, some bunions are more severe.

Advanced bunion deformities, usually hereditary, may require more significant surgical intervention with fracture and realignment of the large toe bone (metatarsal) and the use of an internal type screw fixator to hold the corrected joint in place. Usually, the patient will use some form of external splint and/or crutches for a few days to several weeks.

Either way, no one need suffer the pain, disability and limitation in physical activities - often associated with a bunion deformity. Surgical correction and the continued ability to walk – and jog make the limited inconvenience of treatment worthwhile.

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