Radiographic view of a bunion

This is a simulated x-ray view of a bunion and tailors' bunion deformity. Metatarsals number 1 and 5 are splayed out away from the central metatarsals creating a bunion and tailors bunion deformity. The hallux or big toe drifts towards the center causing misalignment of the 1st MTPJ (big toe joint).

Differential Diagnosis

All bumps on the side of the foot are not bunions! Other conditions that can simulate a bunion include a ganglion, hallux limitus or osteoarthritis of the big toe joint, and a fibroma.

Hallux limitus is also known as a dorsal bunion. It results in spurring and a 'knot' on the top of the big toe joint. This condition responds well to orthotic therapy, shoe modification and sometimes, a bone spur removal and joint cleanup. This condition does not cause the widened foot like a traditional bunion.

Simulated postoperative xray of a base wedge osteotomy and tailors' bunionectomy. The 1st and 5th metatarsals have been realigned and fixated with screws in order to reduce the bunion deformity.

Mini-tightrope™ procedure:

There is a newly developing technique that involves the use of an ultra-high tensile strength suture and titanium grommets to fixate and realign the metatarsals without the need for a bone cut or osteotomy. This significantly reduces the postoperative rehabilitation time.

Bellevue Podiatric Physicians

“Comprehensive Care of the Foot and Ankle”
1609 116th NE, Bellevue, WA 98004
2 blocks north of Overlake Hospital
phone (425) 283-5093
bellevuefoot.com

Doug Ichikawa, D.P.M.
Suzanne Wilson, D.P.M.
What is a bunion?

A bunion is the bump seen and felt on the inside of the foot just behind the big toe. It is usually hard and boney, and may be red and irritated. The bunion represents an actual shifting of bone and not an enlargement or growth of bone. It is actually the metatarsal head becoming more prominent due to a splaying or spreading of the metatarsals. A bunion is the result of both hereditary factors and improper shoewear. Bunion deformities do tend to run in families and are more common in females.

The 3 main types of bunion pain:

Bump Pain
This is the pain directly over the bump. The skin over this area can be red and inflamed and will be worse with tighter, stylish shoes. It is usually better with athletic shoewear or barefeet.

Joint Pain
This is a deeper ache inside the big toe joint. It is worse with activities and worse with ill supportive shoewear. It can even hurt in barefeet!

2nd metatarsal pain
This is the pain along or under the second metatarsal and is worse with ill supportive shoewear. It manifested by a callous under the second toe joint or a stress fracture of the 2nd metatarsal.

Conservative Treatment
Conservative treatment includes change of shoegear, modification and stretching of shoes, padding, and functional orthotic therapy (rigid arch supports). No conservative measures can take the bunion away, but should help reduce the discomfort.

Shoe selection involves finding the ugliest pair of shoes possible, and that is what we podiatrists would recommend. Just kidding! The attributes of a ‘bunion friendly’ shoe include, a soft or elastic upper, a wider forefoot, roomy toebox, a more rigid sole, and a lower heel. We prefer shoes that will accommodate orthotics as well.

Orthotic therapy is helpful to alleviate the joint pain and 2nd metatarsal pain that can come with bunion deformities. Off the shelf devices such as Superfeet™ and Pro- lab Prefabs™ can be recommended and dispensed, but the best outcomes are realized by having custom made orthotics. This is done in our clinic and is often covered by your insurance. The idea of the orthotic is to cant the foot to the outside to decrease pressure on the big toe joint during the propulsive phase of gait. The orthotic may have various cushioned additions added.

Bunion Surgery
Occasionally surgery will be required to fix your bunion. This requires realigning and possibly cutting the splayed bones and does require a period of time to rehabilitation in which crutches or a walking boot may be necessary. To simply cut off the bump will not be enough in the long run and the bunion will most likely come back if this approach is taken. The amount of correction needed will determine how much you will be off your feet, but 1-3 weeks of crutches is the usual range. Bunion surgery is done in the hospital or surgical center, but does not require an overnight stay. With newer techniques, post-surgical pain is minimized and most patients need a only a small amount of pain medication after the surgery.

The decision for surgery comes from the careful weighing of costs and benefits. The costs are related to financial costs, risk of complication, and rehabilitation. The benefits would include improved cosmetic appearance, a decrease in pain, and an ability to wear a great variety of shoes.

Please feel free to ask us if you have any questions about bunions or bunion surgery.

The tailors’ bunion

This bunion is also called a ‘bunionette’ and is just behind the little or ‘pinky toe. It is most common in young athletic females. It is usually related to shoegear and the conservative treatment is similar to the bunion deformity. There is usually no joint pain involved with this deformity, only bump pain. Surgical correction is a bit easier to recover from than with the bunionectomy. It usually involves removing the bump and shifting the bone with a screw for fixation. This procedure is often done in conjunction with the bunionectomy.