



The 1st MPJ Implant Bunionectomy (Joint Replacement)

What is a Bunion?

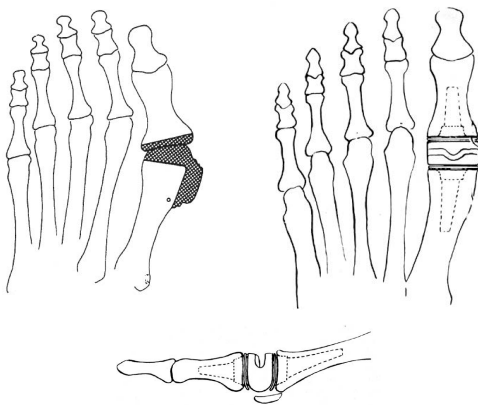


A bunion (aka hallux abducto valgus) is a bony alignment issue, in that the first metatarsal medially deviates at the first metatarsal-cuneiform joint. The first metatarsophalangeal joint (MPJ) has two sesamoids plantarly which are supposed to be centered directly under the first metatarsal head. As the first metatarsal shifts medially, the sesamoids remain in place. The adductor hallucis tendon inserts on the proximal lateral base of the hallux. As the first metatarsal deviates medially, the hallux is pulled laterally causing the large, bony medial eminence commonly referred to as a bunion. The pulling of the hallux now becomes a deforming force, causing increased medial deviation of the first metatarsal.

The 1st MPJ Implant Procedure

There are many different ways to correct a bunion, but all are trying to accomplish the same thing: bring the first metatarsal head back over the sesamoid apparatus to re-align the first MPJ and limit the amount of deforming forces from the hallux.

Our bunion surgery is performed as an outpatient, same day surgery under MAC anesthesia – usually using versed and propofol with a localized first metatarsal block. No general anesthesia or tubes are inserted to help the patient breathe. They are off in a “twilight sleep” during the procedure, but are breathing on their own.



The procedure I prefer to utilize is the **1st MPJ Implant Bunionectomy**. This involves actually removing the joint and replacing it with a silastic (almost "rubberized") full-length joint. The incision is made at the medial aspect of the joint in order to minimize visibility of the scar. The joint capsule is opened and a sagittal saw is used to resect both the head of the metatarsal and base of the proximal phalanx. A square-shaped hole is made in each end of the joint and sized to fit the implant perfectly. The implant is placed in the joint and the capsule is closed back over the joint, holding in the implant in place without the need for fixation.

A dissolvable suture is utilized to close the skin incision and a sterile, mildly compressive dressing is applied. The patient is then placed in a surgical shoe and is ready to go home right after the procedure.

The Recovery

Week 1 Post-Op

- Immediately following the surgery, the patient may walk with surgical shoe on to the bathroom and back (or very short distances only). No cast or crutches are needed.
- Post-op pain medication is usually taken every 4-6 hours for the first 3-7 days, if needed.
- They must elevate their foot whenever sitting in order to control edema.
- The bandage will stay in place and will not be changed until their first post-op appointment in 4-7 days.
- The bandage will be changed after week one, and they will be allowed to walk on the area wearing the surgical shoe for 15 minutes each hour (maximum).

Weeks 2-4 Post-Op

- At 2 weeks post-op, all dressings will be removed.
- The patient may now shower and get the area wet
- They may apply various hand lotions to the incision (vitamin E, cocoa butter, aloe vera, etc.)
- They will also be returned to their gym shoe and allowed to walk on the area for 30 minutes each hour (maximum) the first week. Each coming week they will increase their walking by 15 minutes per hour.
- Also at 2 weeks post-op, the patient may start with a light swim or exercise bike activity.

Week 4 Post-Op

- At 4 weeks post-op, the surgery should be mostly healed.
- the patient may start walking for exercise and gradually start trying to be on their feet all day.
- The surgical area may not be strong enough for high impact activities yet.

Week 6-8 Post-Op

- At 6-8 weeks post-op, the surgical area should be much stronger and the patient may start to gradually build up their running and jumping activities.
- The swelling usually decreases enough around the 3-month mark so that the patient may return to all gym shoes and tighter fitting shoes.
- The surgical site will continue to gradually remodel and strengthen over the course of a year.

Contrary to the vast amount of information found on the internet, our patients are usually quite surprised by the little amount of pain and discomfort they have post-op. We prefer to operate on only one foot at a time, in order to give the patient one “good” foot to walk on during the recovery.



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