

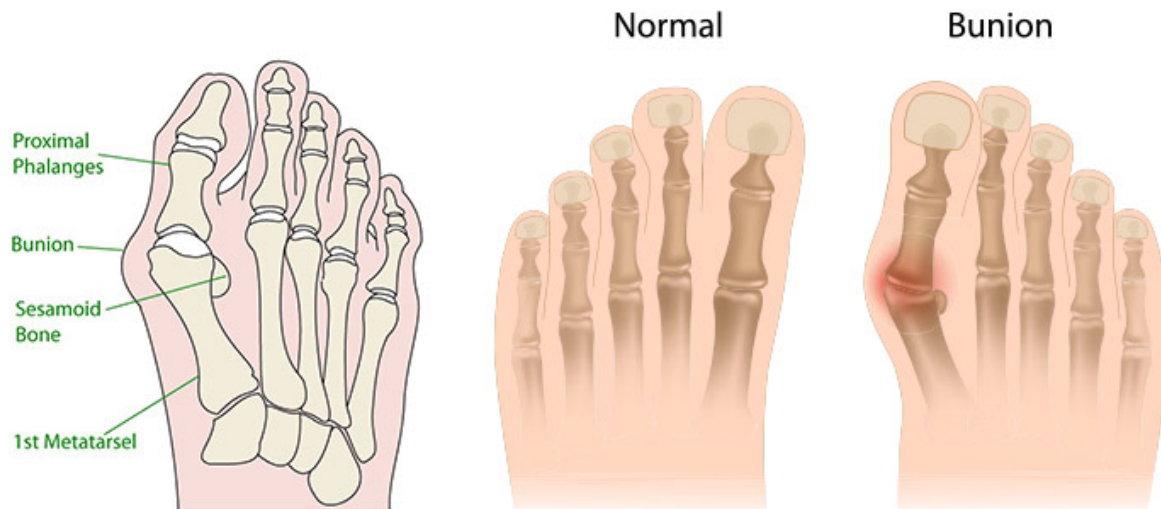


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## FAQ Bunions

### What is a bunion?

A bunion occurs when your foot changes in alignment and your big toe moves toward the smaller toes. A bump, or “bunion,” forms on the inside of the foot. Pain can occur from the pressure of the bump against the toe, and if the big toe rubs against the second toe. Sometimes pain can occur in the ball of the foot as a result of the poor alignment.



Bunion surgery is performed when patients have pain and difficulty with shoe wear despite the use of wider, more comfortable shoes, to the point of it affecting their daily life. We do not perform bunion surgery solely for cosmetic purposes.

### How are bunions treated without surgery?

Shoe modification - Wide toed shoes/soft shoes  
Padding/toe spacers  
Anti-inflammatories

### How are bunions corrected surgically?

There are multiple ways to fix a bunion. All the techniques aim to realign the foot to straighten the big toe and reduce the bump on the side of the foot. Dr. Johnson uses two main techniques for bunion correction:



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**Distal Correction** (Percutaneous Chevron-Akin): This approach uses tiny incisions to cut and realign the bones with screw fixation to make the toe straight. The benefits of this technique include less pain, faster recovery, and less incisions.



**Correction by Midfoot Fusion** (Lapidus): This technique is performed through multiple small incisions in the midfoot to fuse the 1<sup>st</sup> Tarsometatarsal (TMT) joint. An additional minimally invasive cut at the toe is used to complete the correction. Both portions are secured with screws. This is a more traditional bunion correction; however, Dr Johnson performs this with her minimally invasive techniques and tools. The benefit of this procedure is that it is a more powerful correction for very severe bunion deformities and reduces the risk of recurrence in severe bunions. However, because the surgery includes a joint fusion, the recovery time is longer in order to allow the fusion site to heal.





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### **What is the recovery time for a bunion correction?**

**Distal Correction:** If you are a good candidate for this procedure, you will be able to bear full weight through your foot, in a surgical post-op shoe or boot, almost immediately after surgery, once anesthesia has worn off. Please limit your activity for the first two weeks, as you will need to keep your foot elevated about 50-80% of the time to decrease the swelling and allow the wounds to heal. After the first two weeks, you can gradually increase your walking and resume normal activities of daily living. You continue to wear the post op shoe for about 6 weeks after surgery. We may give you a bunion splint at 2 weeks to maintain the surgical alignment. After 6 weeks you can typically fit in a normal sneaker, depending on your level of swelling and comfort.

**Midfoot Fusion:** If you are a candidate for the more formal bunion correction, you will need to be non-weight bearing for about 2-4 weeks, meaning you cannot put weight on the operative foot. You are placed in a splint after surgery for about 2-3 weeks. Once removed, you will be in a small surgical boot and continue non-weight bearing. After 2-4 weeks of recovery, you may slowly increase your weight bearing status and eventually wear out of the boot and into sneakers. You are typically in a sneaker about 8 weeks after surgery and can increase your activity as tolerated from there.

### **Is physical therapy necessary after surgery?**

Yes. Physical therapy is necessary after surgery to regain motion of the toe, break up scar tissue, and decrease swelling. It is normal to have some weakness in your foot/ankle after surgery. A physical therapist will help you regain strength and balance. This is typically started 2 ½ weeks after the procedure and is continued until your goals are met. When you come to your 1<sup>st</sup> post op visit the clinician(s) will hand the prescription to you.

### **What are the risks of surgery?**

All surgery has some inherent risks. While relatively rare in bunion surgery, we feel it is important to inform our patients of possible complications. We will go over possible complications in detail during the preoperative visit. Some are listed below:

**Bone healing:** This is more common after the Lapidus procedure (occurs 2-3% of the time). If the bones do not heal (nonunion) we may have to perform the surgery again. Smoking, early weight bearing, and diabetes increase this risk.

**Over-correction or under-correction:** While rare, these complications can occur and may require additional surgery. Over time, bunions can recur as well.

**Infection:** While very rare (<1%), if this occurs you would need antibiotics and perhaps further surgery.

**Blood clots:** Also, very rare (1%). Please inform us if you have a personal or family history of blood clots, as this can increase your risk.

**Numbness:** Patients should expect some mild numbness around their incisions that typically goes away after a few weeks. Occasionally some numbness may persist. This should not affect your activity, cause any discomfort, or cause shoe wear issues.



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**Hypertrophic bone:** Sometimes your bone is making such an effort to heal the surgery, that your body over produces bone. This may require another surgery to shave down the excess bone to make shoe wear more comfortable

**Recurrence:** Risk is rare in the initial post-operative period, however, depending on your age, risk over a lifetime can be up to 20%

**Continued Pain:** Surgery is not 100% guarantee. You may continue to have pain, or develop new pain after surgery. We will continue to evaluate and monitor you throughout the post op recovery. At some point, we may consider removing the hardware (as described in the next section), to alleviate the pain. If this does not help, we will look into it further to see if you require more PT, additional therapy (shockwave therapy, injections), or an additional surgery. It is important to remember that bunion surgery is not exact, as each foot is slightly different. Our goal, as is yours, is to get you back to all of your preoperative activity, pain-free.

### **Does the metal hardware come out eventually?**

The metal can remain in your foot forever without causing any harm. We only take the hardware out if it bothers you or there is a strong personal preference. Hardware removal requires a minor procedure in the operating room once the bone is fully healed, typically 6-12 months after the original procedure. We end up taking out the hardware about 5-10% of the time.

### **What type of anesthesia is used?**

Most of our procedures are done with a nerve block (regional anesthesia) while you are in a twilight sleep. First, the anesthesiologist will sedate you with Propofol. Then, they will perform the popliteal fossa block in the operating room once you are asleep. It will numb your leg from the knee down. This is typically a long-acting block that may last 24-48 hours. On rare instances this can last as long as 3 days. This is done for pain control and comfort during and after the procedure.

You will meet with your anesthesiologist the day of surgery to discuss what type of anesthesia will be performed in more detail., including the risk of anesthesia.

### **Do I have to stay overnight?**

No. Most of our surgeries are ambulatory. You typically come in 2 hours before your procedure and stay about 1-2 hours after the procedure. Please leave the whole day open.

### **What medications are prescribed after the procedure?**

**Pain:** Ibuprofen (600mg every 6 hours) and Tylenol (650mg every 6 hours), strictly for 3 days to reduce the need for opioid medication. You will have a prescription for 5-15 tablets of 5mg oxycodone, depending on the procedure. Refills are not given. Our goal is reducing your need for opioid medication. Most patients do not require opioids past post-op day 3. Taking opioids for 4 days or more increases your risk of addiction.

**Anti-nausea medication:** Zofran 4mg to be taken as needed every 8 hours.



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**Constipation:** Colace 100mg 3x/day, as needed, for constipation after anesthesia and with opioid use. In some cases, we add Senna to be taken twice daily, only as needed.

**Bone health:** Calcium citrate and Vitamin D3 should be taken daily for 3 months after surgery. If the pharmacy cannot provide you with this prescription, you may purchase it over the counter. Please take 1,000-1,200mg Calcium daily and 1,000-1,200 IUD Vitamin D3 daily.

**Blood clot prevention:** Aspirin 325mg daily for 2-6 weeks after surgery. If you have a history of blood clots in your family or you are at high risk for blood clots, we may give you a different medication.

*Your medications will be sent to your pharmacy after the procedure. If you wish to have your medications prescribed before the surgery, you will need to contact the physician assistant at least one week prior and provide reasoning for receiving your medications early. This is important, as you will be prescribed opioid medications, which are a controlled substance.*

### **What can I use to make my life easier after surgery and can I buy it ahead of time?**

Recovering after surgery is hard. There are multiple things we can recommend to help make it slightly better:

**Knee Scooter:** If Dr. Johnson chooses the formal bunion correction for you, you will not be able to weight onto your foot for 6-8 weeks. Having a scooter will make this much easier. If you would like to rent one you can go to [www.kneewalkercentral.com](http://www.kneewalkercentral.com) or call 855-973-3978. Alternatively, you can buy one online on websites such as Amazon.

**I-walk:** A small population do well with something called an I-walk. This looks like a pirate's peg leg and straps to your lower leg. You put your weight through your knee. This allows you to more easily do things like stairs and have your hands free.

**"Even Up":** If you are given a boot or a heel wedge shoe, you may feel uneven on the opposite leg. You can purchase an Even Up online to use on the opposite foot over the shoe. This is especially helpful to prevent hip or knee pain due to being unbalanced.

**Shower bag/cast bag:** For any procedure you will need to keep your foot dry for 2 weeks after the procedure. You can do this by putting a cover over your dressing. You may purchase this at any pharmacy or online. **\*\*PLEASE NOTE: We put the dressing on wet. It will take 24-72 hrs from surgery to dry\*\***

**Shower Chair:** If you do not have a bench in your shower/bath, you may purchase or rent a shower chair so you can sit as you bathe.

**Wedge Pillow:** Assists in elevation, can be purchased on Amazon

**Walker/crutches:** This is provided for by a physical therapist on the day of your surgery.

### **Will someone call me after my procedure?**

Yes. You will get a call from the hospital the day after surgery and from either Dr Johnson or Rebecca, the physician assistant (PA). If the hospital gives you instructions that do not align with what Dr Johnson or Rebecca discuss with you, please use our instruction instead. The hospital will be giving you general guidelines, but we are more specific to you as a patient and to your surgery.



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### **How do I safely dispose of my medication after surgery if I have some left?**

It is important that left over pain medication is removed from the home and safely discarded. Most pharmacies, hospitals, and police stations participate in the “take back program” that for safe drug disposal. If you would like to find a disposal location close to you, please visit:

<https://www.deadiversion.usdoj.gov/pubdispsearch>

Alternatively, if you have a couple of pills left, you may separate them out of the bottle and mix them in cat litter or coffee grounds. Do not flush the medication because they get in the water supply. Please also do not throw them out in the bottle as people may go through your garbage.

### **Should I ice after surgery?**

Yes. You will not feel the ice through the dressing or the splint, so in the initial post op period, try icing behind your ankle or your knee. When you return for your first post-op appointment, we will remove the dressing for you and you will be able to ice. Please remember the 20min on and 20min off rule for icing.

### **Can I adjust my dressing/splint?**

No. Please keep your dressing/splint on and do not adjust. Keep it clean and do not allow it to get wet. Be careful to make sure the shower bag fits appropriately to decrease the risk of damaging your dressing.

If you are concerned the splint may be too tight or causing pain, please call to let us know.

If the dressing looks like it is loosening, this is a strong sign that you are too active and you need to slow down! If it comes off, you **MUST** come in for a dressing change.

### **How much do I need to elevate?**

Elevation in the first two weeks is extremely important. Reducing swelling helps in pain control and making sure your incisions heal. We recommend elevating 80% of the time during the first week and 50% of the time the second week. Placing your leg on 2-3 pillows should be sufficient, but the higher the better.

### **What is considered “normal” after the procedure?**

Swelling, pain, and bruising are all normal after surgery. You may notice swelling and bruising travel into the toes, even on toes we did not operate on. This swelling will go up and down depending on how much you elevate. You may have good days and bad days. Try to limit your activity. The bruising may also change location or color. This is normal. A small amount of drainage is also normal after surgery. If your dressings have soaked through or do not stop draining, please call the office.

### **I put weight onto my foot by accident. Did I hurt the surgery?**

Accidents happen. If you are told to not put weight onto your foot, please refrain from doing so. If you by accidently fall off your scooter or there is some situation where you by accidently put weight onto your foot, you





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may have increased pain and swelling. If this does not go away after a day or two, please call the office. The likelihood that one event has hurt your surgery is unlikely.

**My foot is red or purple when I keep it down, but then goes away when I elevate it. Do I have an infection?**

Most likely no. Due to increased swelling your foot may become a different color, usually purple or red, when you put your foot down up to 6-8 weeks after surgery. This is usually accompanied with increase pain and the feeling of blood rushing to your foot. Because you are not moving your foot normally, the veins are not allowing proper return of the blood up the leg. The discoloration should go away once you elevate your foot. If this does not resolve when you elevate your foot, or you have associated fever, chills, warmth of the foot, or drainage of incision sites, please call the office.

**I already have crutches/walker at home. Should I bring this with me to surgery? What about a scooter?**

Yes, you may bring these with you to surgery. Either way, a physical therapist from the hospital will evaluate you the day of surgery to ensure that you have the correct assistive devices.

If you have a scooter, we do not recommend bringing this with you to surgery as you may be too unsteady immediately after the procedure to use it safely. Please leave the scooter at home. You may use the scooter as soon as you feel comfortable and steady after the procedure.

**I think I will need help after surgery. Who do I contact to make sure I get what I need at home?**

If you live at home alone or feel you may need extra assistance after surgery, we are here to help! We will help you contact an HSS social workers/case manager before surgery to help make sure you have the care you need after surgery. Please ask the office how to arrange this.

**Is it possible to see a physical therapist before surgery so that they can teach me how to be non-weight bearing and how to go up/down stairs?**

Yes, if it would make you feel more comfortable post op. This can be done close to your home or we have a walk-in clinic on the 2<sup>nd</sup> floor of the main hospital. You will need a prescription to do so.

**How do I know what time is my surgery and where to go?**

Someone from the main hospital will call you the day before surgery with all of this information, usually between 2pm-7pm. They will tell you where to go, what time to be there, what to bring/what not to bring, and what time you will have to stop eating/drinking.

We operate at both the main hospital and the ambulatory center. Please refer to the addresses below.

Please wear comfy sweat pants to surgery as it will be easier to place over your dressing.

**I have a problem after surgery, who do I call?**



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Please call the office at 212-203-0740, Option 3 if there is a problem. If it is after hours, this will be directed to the Emergency Line and will be fielded to Dr. Johnson, the physician assistant, or a foot and ankle Fellow.

**IMPORTANT NUMBERS:**

**Dr. Johnson Main Office:** 212-203-0740, option 3  
**My HSS Portal Help Desk:** 844-269-4509

**IMPORTANT ADDRESSES:**

**Dr. Johnson's office:** 420 E 72<sup>nd</sup> Street, Suite 1B, New York, NY 10021  
**Main Hospital (Hospital for Special Surgery):** 535 E 70<sup>th</sup> street, NY, NY, 10021  
**East Side ASC, Ambulatory Surgical Center:** 1233 2<sup>nd</sup> Ave, second floor, NY, NY, 10065  
**West Side ASC, Ambulatory Surgical Center:** 610 West 58<sup>th</sup> street, second floor, NY, NY 10019

**Summary:**

- Pre access surgical team will reach out about scheduling your pre surgical testing
- COVID PCR swab is required for ALL surgical patients, to be done within 5 days before surgery
- hospital will call you the day before your surgery for the exact time and location
- you must be accompanied by someone you know to leave the hospital after surgery
- post op meds will be prescribed the day of surgery, immediately after the procedure
- elevation/rest 50-80% of the time in the first 2-3 weeks post op
- the first post op visit is with the PA, dressing and stitches will be removed and you will likely get an X-ray
- the 2nd post op is with Dr Johnson, about 6-7 weeks after surgery
- the first two post ops will be automatically scheduled by the office. Please, do not miss these appointments as they are specifically made to monitor your recovery process.
- Physical Therapy prescription will be given at your first post op appointment, along with further instructions for recovery
- please keep this packet as it is your best guide to post op recovery





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**Patient Attestation of Understanding:**

I, \_\_\_\_\_, reviewed the **FAQ Bunion pre-operative packet with Rebecca Paugh, PA-C prior to surgery**. I was given the opportunity to ask questions and all my questions were answered. I understand the post-op protocol and the importance of patient compliance for my recovery. I understand that there is an inherent risk to surgery, these risks were discussed with me in detail. I know how to reach out to the office if I have further questions or concerns

Signature: \_\_\_\_\_