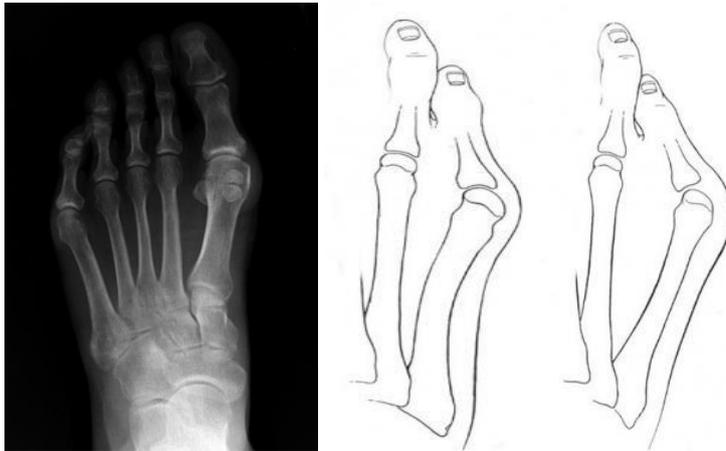


1. What is Tailor's bunion (bunionette)?

Tailor's bunion is similar to a bunion, but it develops on the outside of the foot. It is sometimes referred to as a tailor's bunion because tailors once sat cross-legged all day with the outside edge of their feet rubbing on the ground. This produced a pressure area and callus at the bottom of the fifth toe

The symptoms of a bunionette include pain and difficulty wearing shoes. The swelling in the area causes a visible bump that some people find unsightly.



2. What causes Tailor's bunion?

The exact causes of Tailor's bunion are not clear but Tailor's bunion can develop for several reasons;

- ***Biomechanical abnormality***: If there is excess motion in one part of the foot when stability is needed, changes in foot structure can occur. The gradual separation between the metatarsal bones that leads to a bunion is an example of this.
- ***Hereditary***: genetic factors play a role in predisposing some people to develop Tailor's bunion
- ***Footwear***: Poor shoes--like high heels and pointed toe boxes--exacerbate the condition by speeding up the development of Tailor's bunion, by making them more painful. This is at least one of the reasons Tailor's bunion is much more common in women than men

3. Can the problem become worse?

Tailor's bunion tends to progress, usually slowly with the bump becoming more prominent and uncomfortable.

4. How is it treated?

Tailor's bunion can be treated non-operational or operational;

- ***Non-Operational***: aims to reduce pressure over the painful area but do not correct the deformity
 - ***Padding***: Padding over the painful area may help relieve some of the pressure and reduce pain
 - ***Footwear modification***: Obtaining proper shoes that will accommodate the width of the forefoot will reduce pressure from shoes and reduces pain
 - ***Orthoses***: Correcting abnormal biomechanics of the foot may help relieve pain

- Non-steroidal anti-inflammatories: If the source of pain is bursitis, taking NSAIDs may help pain relief

- **Operational**: If conservative treatments fail, surgery may be recommended to correct the deformity.

5. What does the surgery involve?

There are many procedures designed to address Taylor's bunion, and each has different indications. Typically Taylor's bunion surgery involve;

- Ostectomy: Removal of painful bump from the head of 5th metatarsal
- Osteotomy: Cutting the fifth metatarsal bone and realigning it with fixation
- Removal of painful bursa: If present, painful bursa may be removed

6. Recovery in the first few weeks after surgery

- Elevate your foot as often and as much as possible to reduce swelling
- Avoid smoking
- Take pain medication as instructed
- Some blood ooze can be expected in the bandage, but if worried, contact the number given

7. Post-operative clinic schedule

- 1st week – wound check and dressing change
- 2nd week - wound check and suture removal
- 4th week – clinical check-up and Xray
- 12th week – Clinical examination

8. When can I walk?

- 0-6 weeks: Full weight bearing in postoperative surgical shoe
- >6 weeks: Full weight bearing in soft comfortable shoes

9. Can I get my foot wet in shower?

In the first 2 weeks, keep the foot dry. You may shower with a waterproof cover over your foot.

10. How can I look after the incision wound?

Do not pull at scabs but let them fall away naturally. If your wound becomes red, swollen or sore, you need to see your surgeon.

11. When can I start to drive?

Do not drive until you are confident about controlling your vehicle and always check with your doctor and insurance company. Generally it will take around 6 weeks.

12. When can I work again?

- Sedentary jobs: 2 week
- More active employment: 8 weeks

13. What long-term outcome can I expect after surgery?

Symptom relief with a straight toe once the wound heals. Return to activity and sports in comfortable shoes by 2-3 months are possible.

The swelling often take up to six months to go down completely. You should always wear comfortable shoes that have enough space for your toes. Wearing shoes with high heels or pointed toes may cause more toe problems in the future.

14. What can go wrong with Taylor's bunion surgery?

As with any other surgical procedures, bunion surgery is not without complications. The complications fall into three categories.

- Complications of anaesthetics
- General complications of any operations
- Specific complications of bunion operation

1) Complications of anaesthetics

Anaesthetist will discuss with you the possible complications from having anaesthetics.

2) General complications of any surgery

Pain: Your surgeon will give you pain medication.

Bleeding: surgery is usually done under ankle tourniquet to minimise bleeding during procedure.

Infection: soft tissue infection could happen after the operation and it is usually managed well with oral antibiotics.

There is a slim risk that bone infection (Osteomyelitis) could happen and this usually requires intravenous antibiotics for a period of time.

Surgical site scarring: If you are prone to hypertrophic scar (Keloid), doctor can arrange scar reduction cream during the operation.

Blood clot (Deep Vein Thrombosis) in the leg: This could happen 1 in 100 but your surgeon can assess you for risk factors such as blood disorder, previous history, smoking, edema of the legs

3) Specific complications of bunion surgery

Delayed bone healing: Osteotomy (Bone cutting) site usually takes 8 weeks to heal but sometimes it could take a longer time up to 6 months and sometimes further surgery is required to address this problems.(risk:1 in 50)

Stiff joint: Due to soft tissue swelling, the movement of joint may be slightly restricted but this usually resolves with time

Nerve Damage: You could experience numbness near the operation site but this usually resolves with time.

Recurrence of the deformity: This could happen if underlying cause is not addressed after the operation. Recurrence is usually higher if you are young or have hypermobile joints.

Overcorrection: If the deformity is overcorrected, your big toe may go outward.