

WHAT TO EXPECT WITH

MINIMALLY INVASIVE **BUNION SURGERY**

Patient Information Guide

DR. BRADLEY LAMM



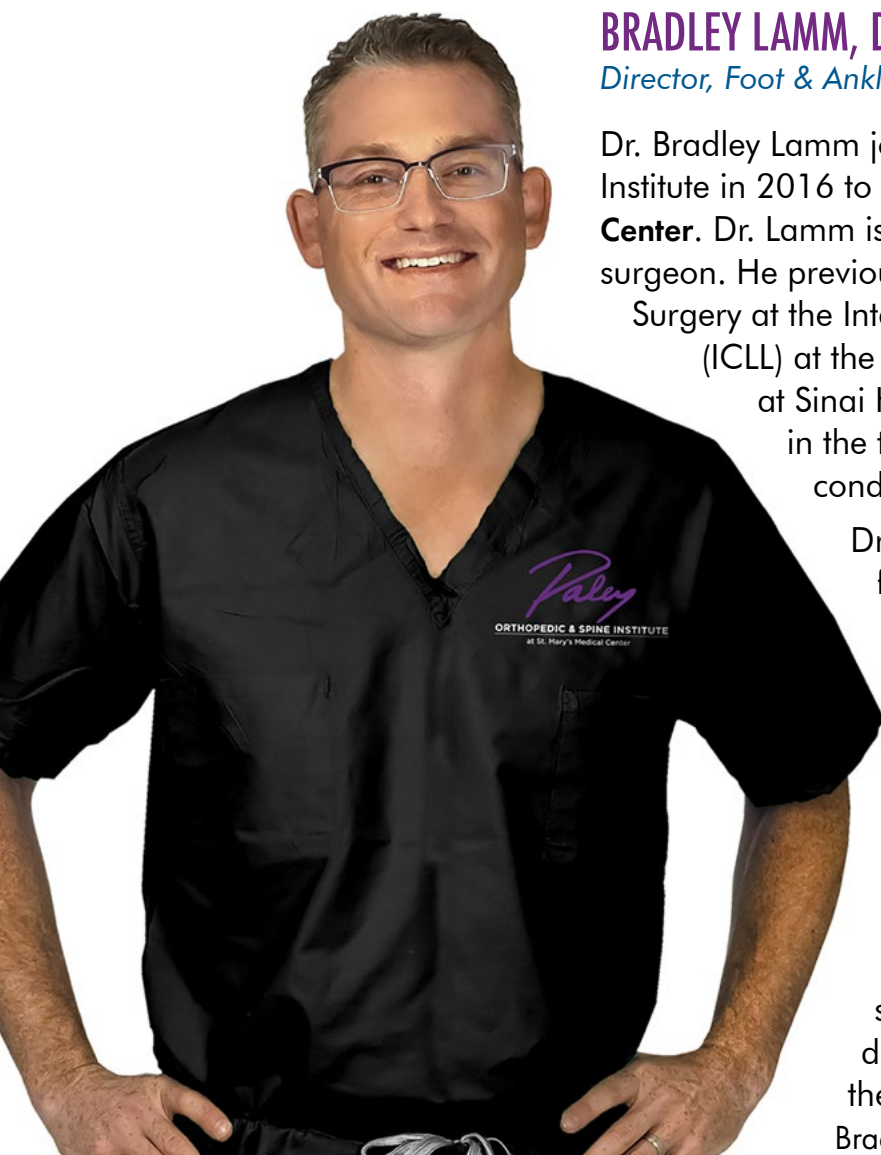
ORTHOPEDIC & SPINE INSTITUTE

at St. Mary's Medical Center



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BRADLEY LAMM, DPM, FACFAS

Director, Foot & Ankle Center

Dr. Bradley Lamm joined the Paley Orthopedic & Spine Institute in 2016 to lead our **Foot & Ankle Deformity Correction Center**. Dr. Lamm is a board-certified podiatric foot and ankle surgeon. He previously served as the head of Foot & Ankle Surgery at the International Center for Limb Lengthening (ICLL) at the Rubin Institute for Advanced Orthopedics at Sinai Hospital in Baltimore. Dr. Lamm specializes in the treatment of foot, ankle, and lower leg conditions in both children and adults.

Dr. Lamm is an expert in treating diabetic foot deformities, ankle disorders, sports or athletic injuries, arthritis, flatfoot, bunions, hammertoes, brachymetatarsia and various other foot and ankle ailments. He has extensive experience in joint distraction, a new technique which uses external fixation to preserve ankle and toe joints and prevents the need for fusion or replacement.

Dr. Lamm performs minimally invasive surgery techniques to correct bunions, diabetic Charcot foot and to lengthen the metatarsals and toes for patients with Brachymetatarsia.

Dr. Lamm is known globally for his expertise in treating foot and ankle deformities. Throughout his career, Dr. Lamm has been awarded numerous grants, published medical research in national and international journals on foot and ankle research (he has over 100 book chapters and peer review research articles), conducted multipole clinical trials research and has participated as an invited lecturer at dozens of medical conferences, meetings, and symposia. Dr. Lamm is the editor of the Research Section of the Journal of Foot & Ankle Surgery and a peer reviewer for various medical journals. Dr. Lamm was voted "Top Doctor" in Palm Beach Illustrated and Baltimore Magazine numerous times and appeared on the television show The Doctors to discuss foot and toe lengthening.

He is a Rotation Director and Adjunct Professor at Harvard Medical School and has trained residents from many surgical programs across the United States for over 15 years.

AM I A CANDIDATE FOR MINIMALLY INVASIVE BUNION CORRECTION?

Historically there have been a multitude of procedures performed to correct bunions.

In the past mild to moderate bunions were corrected by simply removing the bump and closing the skin over top which led to a high rate of bunion reoccurrence.

Today, bunion surgery most commonly falls into one of three categories:

- Distal metatarsal osteotomy for mild to moderate stable bunions without arthritis
- Lapidus fusion for moderate to severe unstable bunions without arthritis
- Great toe joint fusion for severe bunions with arthritis

Minimally invasive bunion correction is a modification of the distal metatarsal osteotomy. Recent advances in surgical hardware systems allow for a small (<1 inch) cosmetically pleasing incision and exclusive use of internal hardware (no pins or wires protruding from your foot).

If you are reading this handout, your surgeon has likely determined that you are a candidate for MIS bunion surgery based on your x-rays and Dr. Lamm's clinical exam of your foot.

HOW IS THE PROCEDURE PERFORMED?

Through a small (around 1 inch) incision, a controlled, precise bone break is performed on the 1st metatarsal.



Before and after x-rays of minimally evasive bunion surgery.

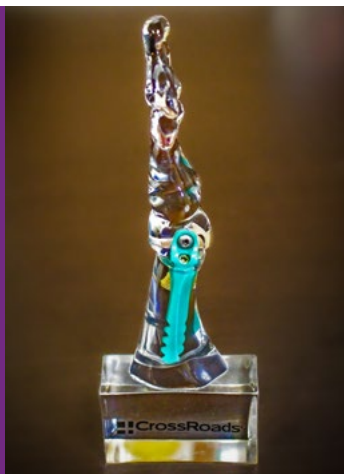
A low profile plate is placed inside the bone, which allows for the bunion bump to be shifted and locked into a non-prominent position with two screws, restoring normal alignment 1st metatarsal and great toe joint.

This principle is used widely in other areas of orthopedic surgery for deformity correction of long bones including legs and thighs and has now been adopted for use in bunion surgery.

Soft tissue deformity of the great toe joint is corrected with a percutaneous, absorbable suture to tighten the stretched, redundant joint capsule.

The great toe joint is left intact, avoiding joint stiffness that can occur with traditional bunion surgery.

The incision is closed in multiple layers with absorbable sutures that do not need to be removed.



Minimally invasive bunion correction is a revolutionary procedure that has many advantages over the traditional bunion surgery. This procedure allows for a small (<1 inch) cosmetically pleasing incision and exclusive use of internal hardware (no pins or wires protruding from your foot).

WHAT CAN I EXPECT ON THE DAY OF SURGERY?

Within 30 days of surgery you must be medically cleared for surgery by your primary care physician and have simple routine pre-operative testing including blood work. Our office will help to coordinate this. You will be given a post-op medical shoe to wear during the weeks following surgery. You might find a shoe for the non operative foot that is comparable to the height of the medical shoe to alleviate any discomfort in your hips and knees while walking.

You will be asked not to have anything to eat or drink after midnight before surgery.

Dr. Lamm will see you in the pre-operative holding area prior to your surgery, review the procedure with you and obtain your signature for consent. You will have the opportunity to ask any questions you may have thought of at this time.

We use a “twilight sleep” anesthesia, similar to what you may have experienced for wisdom tooth surgery or a colonoscopy where your breathing is monitored and will not feel pain or remember anything from surgery.

Your Anesthesiologist will perform a nerve block in your thigh after you have been placed under anesthesia. This decreases the amount of medication you need during surgery, allows you to wake up faster, and keeps your leg numb and pain-free for approximately 12-36 hours following surgery.

You will wake up with a dressing and post-operative shoe/sandal on your foot that you must leave dry and intact until your first post-operative visit with Dr. Lamm.

Prescriptions are written for two medications to go home with:

- A prescription anti-inflammatory that you take on a schedule three times daily with food (breakfast, lunch and dinner) for the first week following surgery to reduce swelling.
- A pain pill that you will take as directed for 1-5 days following surgery.



WHAT IS THE RECOVERY LIKE?

Each patient responds to orthopedic surgery in a unique way, however most patients need pain medication for 1-5 days following surgery. Some patients need the pain medication for as little as 1 day.

Minimally Invasive Bunion surgery allows for immediate weight-bearing in a surgical shoe and an active recovery.

1st post-operative week (weight-bearing in post-operative shoe)

- When your nerve block begins to wear off, you will notice a tingling sensation in your foot as the nerve “wakes up.”
- Start taking your pain medication at this time, even if you are not having too much pain as to not have to play catch up after the block fully wears off.
- You may begin placing full weight on your foot in the post-op shoe on the same day as surgery, however the patients who do best are those that limit activity to the minimum necessary for the first post-op week, including short trips from bedroom to bathroom, bathroom to kitchen, etc.
- Pain is directly related to swelling, which is minimized by elevating your foot above heart level as much as possible for the first week and frequently changing out ice packs placed directly on the skin behind your knee.

2nd-3rd post-operative weeks (weight-bearing in post-operative shoe)

- You will see Dr. Lamm in the office at the Paley Orthopedic & Spine Institute for a dressing change, after which you may begin using ice directly on your surgery site instead of behind your knee.
- If you have not already done so, begin to wean off of pain medications and take only Tylenol or Ibuprofen as needed for pain.
- You may begin getting your foot wet in the shower, however be sure to avoid soaking your foot in water and make sure to dry the area thoroughly after showering.
- You may gradually begin to increase your activity level from short trips indoors; however, be sure to take frequent breaks and pay attention to any increased pain in the surgical area. Increased pain means you need to take things more slowly, rest and elevate your foot.
- Although your skin incision will heal in several weeks, it is important to remember that your surgical bone break takes 6-8 weeks to heal. Excessive activity before the bone heals will lead to an increase in swelling and pain. If you are someone that must return to work or some other activity, we should discuss if you will need an ambulatory device, such as a knee cart, to get around.

4th – 6th post-operative weeks (gradual transition to regular supportive shoes)

- At this visit, X-rays will be checked for normal healing. Dr. Lamm will now give you a timeline to return to regular, supportive shoes.
- Gradually increase your activity level. You will likely experience a minor increase in swelling and pain as you return to supportive shoes.
- You may need to see a physical therapist at this time.
- Call Dr. Lamm to discuss any increased symptoms or concerns.

Dr. Lamm states:

“Patients report to me that they have very little pain after this surgery. They are pleasantly surprised and wish they would’ve decided to do the procedure sooner.”

3 months post-op

- By this time, your bone has not only healed, but the newly healed bone has fully matured/remodeled. You will notice your operative foot is the same size as its pair and swelling has reduced.
- You may now return to full activities, including high impact exercise with a realigned, functional great toe joint and a minimal scar to show off!
- Understand that all patients are different. Some patients can take longer than three months to return to their normal full activity. Although not common, it can take up to six months or more to return to normal, as you are relearning how to walk with a new foot.



Photos of a successful minimally invasive bunion surgery at 3 months post-surgery.

FREQUENTLY ASKED QUESTIONS ABOUT MINIMALLY INVASIVE BUNION SURGERY

Will I be placed under general anesthesia?

No. We use a “twilight sleep” anesthesia, similar to what you may have experienced for wisdom tooth surgery or a colonoscopy where your breathing is monitored and will not feel pain or remember anything from surgery.

What is the difference between Minimally Invasive Bunion Surgery and Lapidus fusion (Lapiplasty)?

Lapidus bunionectomy (Lapiplasty) and is a joint destructive surgery that utilizes joint fusion in the arch region to correct a bunion deformity. It is reserved for moderate to severe bunions in adolescents or adults with instability on clinical exam. While Lapidus fusion is necessary for some patients, its main disadvantages are that you must be non-weightbearing for 6-8 weeks following surgery. There is also a risk of joint non-union which occurs in ~10% of patients. In contrast, minimally invasive bunion correction allows you to

keep your normal foot joints, addresses both bone and soft tissue deformity, and allows you to begin walking on your newly corrected foot the same day as surgery for an active recovery.

What about “rotation deformity”?

The widely claimed advantage of Lapidus bunionectomy (Lapiplasty) is the ability to correct a rotation deformity of the first metatarsal which is presents in about 25% of patients with bunions. Due to recent advances in surgical technique hardware technology, this can be corrected with minimally invasive bunion correction as well.

Will I need physical therapy?

Not all MIS bunion patients need physical therapy, in fact most do not. At your one month visit you will learn how to do self-range of motion exercises for your big toe joint. For most patients, this alone with a slow gradual increase in activity is the only therapy needed. Some patients find benefit in a trained physical therapist performing these exercises.

When can I get back to biking/ swimming/ running?

At one month after your procedure you will have x-rays performed to check for normal healing of your bunion surgery. At this time you will be given a plan/timeline for returning to normal shoes and can begin low impact exercise such as swimming, running, biking or elliptical. High impact exercise (running, jumping, plyometrics) must wait until the newly healed bone has matured at around 3 months after surgery.

What can I do if my scar is raised or discolored?

Discolored scars lighten and become less noticeable with time. It is impossible to predict who will form a raised or keloid scar following MIS bunion surgery. For raised scars, we recommend nightly use of silicone scar strips that can be purchased over the counter from pharmacy retailers. This, combined with regular deep massaging of the scar can dramatically reduce scar prominence for up to 12 months following surgery.



Before



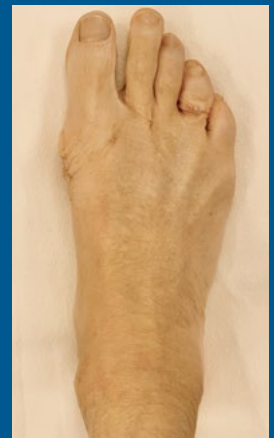
After

Understand that all patients are different. Some can take longer than three months to return to their normal full activity.

Some patients, although not common, can take up to six months or more to return to normal.



Before



After



Does the hardware have to come out?

No. The majority of minimally invasive bunion surgery patients do not experience discomfort from the surgical plate and it is left in place indefinitely. However less than 5% of patients experience discomfort or rubbing in closed-toe shoes or a rejection of the metal entirely. After your bone fully heals and matures (around 3 months), the hardware is no longer needed and can be removed in a simple outpatient surgical procedure without risk of the bunion reoccurring.

WHO DO I CALL IF I HAVE A QUESTION PRIOR TO MY APPOINTMENT?

If you have questions regarding your upcoming surgery you may contact:

Angela Edwards

Concierge Practice Coordinator

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