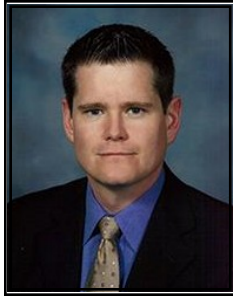


SCOTT A. SWANSON, M.D.



Dr. Scott Swanson is a lifelong resident of Nebraska. Born and raised in Alliance, Nebraska, Dr. Swanson graduated Summa Cum Laude from Creighton University. He graduated with distinction from the

University of Nebraska Medical Center College of Medicine. Dr. Swanson completed his orthopaedic surgery residency at the Creighton/Nebraska combined orthopaedic program. He completed one year of fellowship training in foot and ankle surgery, trauma, and lower extremity reconstruction at the Florida Orthopaedic Institute in Tampa, Florida under the direction of Drs. Roy Sanders, Art Walling, and Michael Clare. Dr. Swanson was awarded a prestigious traveling fellowship by the AO Foundation, the leading international organization for orthopaedic surgeon education. He studied in Switzerland where he learned novel surgical approaches to complex foot and ankle problems. Dr. Swanson has presented his research at numerous national meetings, and is frequently invited to lecture and teach orthopaedic surgeons from around the globe. Dr. Swanson is an avid runner, having completed more than a dozen domestic and international marathons, including the 2002 Boston Marathon.



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BUNIONS

WHAT YOU NEED TO KNOW



Scott A. Swanson, M.D.



INFORMATION ON BUNIONS

The term *bunion* is derived from the Latin word *bunio*, meaning turnip. It may also be called *hallux valgus*, simply meaning deviation of the big toe to one particular direction. Bunions have many causes and can be associated with abnormal foot mechanics, such as a contracted Achilles tendon, severe flat foot, generalized neuromuscular disease such as cerebral palsy or a cerebrovascular accident (CVA, stroke). It can likewise be associated with various inflammatory and/or arthritic conditions, such as rheumatoid arthritis. Poor shoe wear and family history may also contribute to bunions.

NON-SURGICAL TREATMENT

Bunions that do not cause pain do not need treatment. The mainstay of treatment for painful bunions is non-surgical. This is best accomplished with activity and shoe wear modifications. It is important to find a shoe that is deep and wide enough to accommodate the painful bunion.

Some, but not all, patients will benefit from an orthotic or bunion splint. These are designed to provide symptomatic relief and prevent progression of the deformity. They are not a "cure" for the bunion.

SURGICAL TREATMENT

Surgical treatment is reserved for painful bunions that interfere with your quality of life, daily activities, and comfortable shoe wear. You should not have bunion surgery if your only goal is to wear highly fashionable shoes.

THE PERI-OPERATIVE PROCEDURE

Once you and your surgeon decide that bunion surgery is for you, the surgeon will explain to you the procedure and any complications. The surgeon will then have you sign a surgical consent. You will typically need to have a complete history and physical performed by your primary care provider. Our nurse will arrange the scheduling, provide you with the hospital information, important contact phone numbers and answer any questions you may have.

Bunion surgery is an outpatient procedure. You will go home the same day. A general anesthetic is usually, but not always required. The anesthesiologist may ask you if you wish to have a nerve block to ease the pain of surgery.

There are over 100 different bunion surgeries described. Your surgeon will decide which one is best for you. In general, the surgery requires two or three separate incisions strategically placed on the foot. One will remove the bunion, one will release the contracted soft tissues that contributed to the deformity, and a third is required to reposition the deformed bone or joint. This part of the surgery takes the longest to heal, and requires a period of restricted weight bearing of at least one month and sometimes up to 2 or 3 months depending on the type of surgery required.

Surgery takes one to two hours. Before you leave the hospital you will be able to use crutches, a walker, or a "Roll-a-Bout." You will be in a special hard sole shoe or splint with a special bunion dressing. You simply keep this clean and dry; no dressing changes are required. You will go home with pain medication and pills to help ease nausea.

POST-OPERATIVE RECUPERATION

Recovery time depends on the type of surgery required. In general, you will be seen every 2-4 weeks until healed. Your dressing will be changed by the physician every two weeks for the first six weeks. This is very important to hold the big toe in the correct position after surgery. Most patients begin walking 6 weeks after surgery. If more extensive surgery was required, this might be delayed until 10 weeks. When healed, you should be able to resume regular shoe wear and normal activity. Some soreness, swelling, and stiffness is normal for many months after surgery, but resolves with time.

THE ORTHOPAEDIC DISTINCTION

Orthopaedic surgeons are medical doctors who have graduated from an accredited medical school, with comprehensive training in all fields of medicine. They then complete a rigorous five year surgical residency program. Orthopaedic foot and ankle surgeons also complete an advanced fellowship training in foot and ankle surgery. Podiatrists on the other hand, are not medical doctors, and most podiatrists have only one or two years of training in a surgical residency program after podiatry school. Thus, orthopaedic foot and ankle surgeons are uniquely qualified to deliver comprehensive medical and surgical care for conditions of the foot and ankle.