

BUNION DEFORMITY



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Dr. Kannan is a fellowship trained Orthopedic Surgeon with a subspecialty interest in Foot and Ankle (F&A) disorders. He is a Fellow of the Royal College of Surgeons in Edinburgh and was awarded the distinguished Ministry of Health (Singapore) Scholarship to pursue further training in the field of lower limb reconstructive surgery with special emphasis on Foot and Ankle Reconstruction. He completed his subspecialty training in Switzerland and in the Netherlands.

His clinical expertise is in sports injuries, ligament injuries & tendinopathies, arthroscopic (keyhole) surgery for management of cartilage defects in the knee and ankle, forefoot bunion correction, diabetic foot ulcers, foot & ankle fractures, correction of flatfeet & high arched feet and management of arthritis including total knee and ankle replacement and osteotomies. He is a member of the American, European and British Foot & Ankle Societies as well as being a member of the International Cartilage Repair Society.



Bunion Correction



Post operative X-ray

A bunion is essentially a deformity of the big toe. Patients with bunions have a toe which points outwards, as well as a bump on the inner side of the foot.

If left untreated, it can lead to painful swelling, overlapping lesser toes and eventually painful arthritis (wear & tear) and stiffness at the joint. Sometimes, a patient's walking pattern may also be affected as the load on the foot is shifted to the outer side.

Most bunions can be managed non surgically with silicone toe spacers and footwear modification.

In some cases, surgery may be necessary if the bunion becomes painful or if it causes walking difficulty. Surgery is usually done as a day procedure. The surgery involves permanent realignment of the big toe joint in order to relieve symptoms and correct deformity. Patients resume mobility and are able to walk the day after surgery. Full recovery from the surgery usually takes about 4 weeks with some patients resuming their normal sporting activities.

FLAT FEET



Bilateral flatfeet in a adolescent girl showing loss of arch and heel valgus. The right foot is worse than the left.

To a lay person, a flat foot is characterized by loss of the arch. This is but one of the features needed to make an accurate diagnosis of a flat foot. We need to look out for other features like hindfoot valgus (heel pointing outwards) and forefoot abduction (front of the foot pointing outwards).



Heel Valgus before correction

Heel Neutral after correction

Age group is an important consideration in the approach to flat feet. Painless flexible flat feet is most common amongst the school-going group. Children may experience some dull aching pain over the foot during sports. In the early stages, most benefit from Achilles stretching exercises, customised orthotics and footwear modification.

For patients who do not want to be overly reliant on orthotics, flatfoot surgery with minimally invasive techniques is an option. Recovery time is minimal in most cases and patients return to normal activities within a few days of surgery.