NY ORTHOPEDICS

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Post-Operative Instructions: Minimally Invasive Bunion Correction

Operative Summary

A surgical correction to straighten the toe is performed by cutting the bone with a small burr, shifting it, then fixing the bone with screws. This will be performed under an ankle anaesthetic block, numbing the entire foot. A general anesthetic or sedation will also be used, according to your preference.

Day of Operation (week 1)

- Strict elevation
- Rigid post-operative sandal or walking boot- HEEL weight bearing with cane as needed. Bandage remains in place until office visit with Dr. Wessling.
- Home the same day
- Some bleeding may to be seen through bandage, (this is normal)
- Move toes, ankle, knee and hip
- The nerve block will generally last 18-24 hours (sometimes more/sometimes less), it is best to get ahead of the pain and begin taking the prescribed pain medications prior to feeling pain
- Place ice packs to the surgical area 30 minutes at a time 3-5 times daily (30 on, 30 off)

Week 2

- See Dr. Wessling in the office. Bandages and stitches will be removed. Steri strips will be placed over the incision sites, these will typically fall off on their own. No need to replace them.
- Transition to CAM boot and can begin FULL weight bearing as tolerated (normal heel to toe weight bearing in the CAM boot)
- Begin rehabilitation exercises (see below)

Week 3 – 6

- Continue to ice and elevate as much as possible as this will help decrease swelling
- Around 3-4 weeks post-op, if swelling has decreased enough then supportive sneakers may be worn for weight bearing.
- May go to the gym for upper body and core workouts; may ride a stationary bike and elliptical with the post-operative sandal. Swimming is allowed at 4 weeks if the incisions have fully healed.

Week 6-8

- Full WBAT in sneakers (wean from CAM boot completely if comfortable)
- Progress with **gait training** → focus on normal heel-to-toe walking
- **PT progression** (if prescribed):
    - Foot intrinsic strengthening (towel scrunches, marble pick-ups)
    - Theraband resistance for ankle/toe
    - Balance training (single-leg stance)
- May begin **light lower body strengthening** (leg press, squats, lunges) as tolerated

Week 8-12

- Walking in **regular sneakers** without restrictions
- Swelling should be improving but may persist with prolonged standing/activity
- Advance strengthening:
    - Calf raises, step-ups, resistance training
    - Proprioceptive drills (balance board, foam pad)
- Begin low-impact **cardio progression**: brisk walking, elliptical, cycling without restrictions
- May return to **low-impact fitness classes / yoga / Pilates**
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3 – 6 Months

- Return to most daily activities without restrictions
- Continue strengthening foot intrinsics, calves, and hip stabilizers
- May begin **running/jogging progression** around 3–4 months if cleared by surgeon/PT
- Return to **court sports, dance, high-impact activity** usually between **4–6 months**, depending on healing and symptoms