

Patient information

Scarf Osteotomy

What is it?

Scarf osteotomy is an operation to correct a severe bunion (hallux valgus) deformity.

Why would it be done?

Surgery for a bunion may be advised if simple measures, such as well-fitting shoes, simple painkillers and padding do not relieve the discomfort of the bunion. It is only appropriate if you are willing to be realistic about shoe-wear after surgery and understand and accept the potential problems of the procedure.

What does it involve?

A cut is made between the big and second toes. Through this cut the tight tissues on this side of the big toe are freed.

Then a cut is made over the bunion. The big toe joint is opened, and the bony lump is removed. The knuckle bone (first metatarsal) is cut through, re-positioned and fixed with two small screws. The soft tissues of the big toe joint are tightened on the inside to correct the deformity, and the wounds stitched up, usually with stitches that dissolve inside your skin.

Can it be done as a day case operation?

If you are medically fit, have someone who can collect you and look after you after the operation, and you are comfortable afterwards, the operation can be done on a day case basis.

However, if you have other medical problems such as diabetes, asthma or high blood pressure, you may have to stay overnight after surgery.

The commonest reason for having to stay overnight after bunion surgery is for pain control, as these operations involve a lot of reconstruction work on the joint and ligaments of the toe. They may therefore be quite painful immediately afterward.

Will I have to go to sleep (general anaesthetic)?

The operation is usually done under general anaesthetic (asleep). In addition, local anaesthetic may be injected into your ankle while you are asleep to reduce the pain after the operation even if you go to sleep for the surgery. You will also be given pain-killing tablets as required.

Discussion with your anaesthetist on the morning of your surgery will confirm this.

Will I have a plaster on afterwards?

You don't usually need a plaster after a scarf osteotomy. Usually we will put dressings and a bandage on your foot and you can walk on it in a protective sandal with a stiff sole. Your surgeon will discuss this with you.

How soon can I?...

Walk on the foot?

You will be able to walk on the foot almost immediately. You will have to walk with a flat foot for six weeks.

Go back to work?

This depends on what you do and how you get to work. If you have a sitting-down job that you could do with your foot in bandages and you can get to work, you could probably go back to work two weeks after surgery. On the other hand, if you have a heavy manual job you may be off for up to three months. If you need to drive to work then you will be off for six weeks. Your surgeon will advise you about going back to work.

Drive?

Once your bandages have been removed you may be able to start driving again. You must be comfortable and not too stiff before trying to drive. Start by sitting in the car and trying the pedals then drive round the block. Drive short distances before long ones. Remember, if you cannot safely make an emergency stop your insurance will not cover you in the event of an accident. Ask your surgeon when it is safe for you to drive again.

Play sport?

After removal of the dressings you can start gently exercising your foot and walking further each day. When you are comfortable doing this you can start gentle running and stretching at approximately three weeks. Contact, twisting and impact sports can follow as comfort dictates. Everyone is different in how quickly they can take up exercise again: be guided by your own body's reactions and the advice of your surgeon. Most people can get back to most of their previous activities within six months of bunion surgery.

What can go wrong?

Research shows that 85% of people who have bunion corrections are satisfied with the results.

However, a number of problems can arise.

1. Stiffness

The big toe is usually stiffer than before. For most people this does not matter, but for athletes or dancers it is very important.

2. Pain

The big toe is slightly weaker with a bunion, and this transfers weight onto the ball of the foot. After bunion surgery this transfer of weight can increase. Therefore, if you have pain under the ball of the foot ("metatarsalgia") it may be worse after bunion surgery and it may also develop for the first time.

Most people who develop metatarsalgia are comfortable with a simple insole in the shoe but occasionally surgery is required.

3. Recurrence

In some people the big toe slowly tilts back toward the original position and occasionally this is bad enough to need to have the operation redone. Because a scarf osteotomy is done for severe deformities in which the tissues are fairly tight, this risk is slightly higher than for other bunion operations.

4. Infections

Infections in the wound and minor damage to the nerves of the toe can occur in any foot surgery. Usually these are minor problems that get better quickly.

5. Swelling

The foot tends to swell up quite a lot after surgery. Swelling is part of your body's natural response to any injury and surgery is no exception. In addition, your foot is at the bottom of your body so fluid tends to collect in its tissues ("at the bottom of the slope") and cause swelling. People vary in how quickly this swelling disappears after an operation and six

months is not all that unusual. Provided you are not having undue pain or inflammation there is probably nothing to worry about and you can afford to give it time.

How can I prepare for surgery?

It is important to prepare for an operation to reduce the risks of complications. You should stop smoking, do some exercise, eat healthily and prepare for the phase after surgery. Fruit, vegetables and protein help wound healing. There is information about how to do prepare at: <https://www.cpoc.org.uk/patients>.

Important information

The information in this leaflet is for guidance purposes only and is not provided to replace professional clinical advice from a qualified practitioner.

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Your comments

We are always interested to hear your views about our leaflets. If you have any comments, please contact the patient experience team on 0300 131 4784 or esh-tr.patientexperience@nhs.net.

Hand hygiene

We are committed to maintaining a clean, safe environment. Hand hygiene is very important in controlling infection. Alcohol gel is widely available at the patient bedside for staff use and at the entrance of each clinical area for visitors to clean their hands before and after entering.

Other formats

If you require any of our leaflets in alternative formats, such as large print or alternative languages, please contact the Equality and Human Rights Department on 0300 131 4434 or esh-tr.AccessibleInformation@nhs.net.

After reading this information are there any questions you would like to ask? Please list below and ask your nurse, doctor or practitioner.

Reference

The clinical specialty/unit that has agreed this patient information leaflet:
Diagnostic, Anaesthetic and Surgery - Orthopaedics

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