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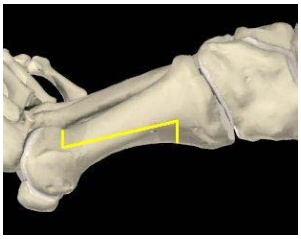
Information Sheet

SCARF OSTEOTOMY

What is a Scarf Osteotomy?



The term osteotomy means to cut the bone. The scarf osteotomy is named after a woodworking technique of rigidly fixing two beams together. It is currently the most advanced osteotomy for treating hallux valgus (bunions). It involves making a 'Z' shaped cut (see picture, right) in the first metatarsal bone, the bone at the base of the big toe. It may also be combined with an Akin osteotomy, which is a small wedge cut in the base of the proximal phalanx, to further straighten the toe.

How is the bone held together?

Once the bunion is corrected and the osteotomy has been placed in the correct position, it is held with two screws. The screws that we use at The Dorset Foot & Ankle Clinic are Barouk screws (De Puy) – silver screw, right. These are the latest advancement in performing this procedure and provide excellent fixation. If an Akin osteotomy is performed, this is held with a Varisation staple (De Puy), which again gives excellent stability to the bone. If it is necessary to operate on the lesser toes, we may perform a Weil osteotomy. This is a procedure to shorten the metatarsal bones, at the base of each toe. The bone is hold with a Twist-Off screw (De Puy) – blue screw, right.

How painful is the surgery?

The surgery is usually performed under a general anaesthetic. We will also recommend a block of the nerves around the ankle. This provides excellent pain relief for the first 12 to 24 hours after surgery. After this period, it is normal for there to be a degree of pain, but in our experience this can be controlled with simple tablet painkillers that we will provide for you.

What is the recovery like?

The surgery can usually be performed as a day case. If both feet are being operated on at the same time, which we often do, then in general we recommend a one night stay in hospital. You may be in a short plaster after the surgery – this will be discussed with you by Mr Farrar or Mr Taylor. On discharge, you will be able to put weight through your heel, using a special shoe that we provide. You will be seen in outpatients at two weeks, an x-ray taken (see right), any sutures removed and a lighter plaster or dressing applied. A further x-ray is usually taken at six weeks when, if all is well, you can begin to walk more normally and get back into normal footwear, provided the swelling has settled. You should avoid driving for at least six weeks after surgery and cannot return to impact exercise, such as running, for at least three months.

Are there any potential complications?

There are risks with all surgical procedures. Risks of severe complications are increased in heavy smokers and diabetics with poor sugar control. Surgery is performed under a general anaesthetic with local nerve block. With modern techniques, the risk from the general anaesthetic itself is now very low and the small risks from the nerve block include nerve damage and bleeding. There are also general risks of the surgery, which include infection, pain, swelling, stiffness, blood clots, nerve and blood vessel damage and a risk that the surgery may not fully cure the pain. There is also a risk that the cut in the bone, the osteotomy, may lose position or fail to heal. This is known as a non-union and may necessitate further surgery.

Specific to bunion surgery is the risk of recurrence. This risk is higher in young patients, those with severe deformity and those with a very strong family history of bunions.