

Bunion Surgery Has a New Look

“Tightrope” Surgery Gets Rid of the Bump

Mildred Blandino had traditional bunion surgery years ago, and she wasn't eager to repeat that experience, which included a large incision and a long recovery period. But there was no denying what was going on with her right foot earlier this year.

It was a hallux vagus — another bunion, the familiar “bump” at the base of the big toe that

No cutting, realigning of bone required

She and her husband expected to be impressed by Dr. Leavitt, and they were, but they didn't anticipate that he would describe a new approach to bunion surgery — one that offers a shorter rehabilitation. “Tightrope” bunion surgery avoids cutting bone in favor of a more elegant approach: using tension, in

the form of a wire, to pull the bones back into their natural position.

“Tightrope bunion surgery was pioneered in the U.K.,” Dr. Leavitt explains.

“Now that the bugs have been worked out, it's gaining

credibility in the U.S. Unlike traditional bunion surgery, which involves cutting and realigning of bone, many patients can put weight on the foot, with crutches, the same day. There are no screws, and the only thing healing is soft tissue.” Because tightrope bunion surgery is a fairly new procedure and its longevity not fully studied, it currently is reserved for older patients.

Using a drill, the surgeon creates small holes in the first and second metatarsal bones and places small “anchors” on either side. A wire is threaded through the holes and attached at sufficient tension, like a tightrope, to bring the bones together. Two incisions — much smaller than those used in traditional bunion surgery — are required.

Minimal pain and a shorter rehab

“Because tightrope bunion surgery doesn't

About Bunions

- Shoes such as high heels don't cause bunions, but they can worsen the condition.
- Like most foot conditions, bunions tend to run in families.
- Orthotic devices, such as toe spacers, can help keep the foot in proper alignment and control abnormal foot function.



eventually produces a deformed foot. “It had been a problem for a couple of years,” says Mrs. Blandino, 82, who lives in Lynnfield, MA. “As it became harder for me to wear shoes and walk, I was progressively more miserable.”

This spring, she followed her daughter's advice and made an appointment with Kenneth Leavitt, DPM, Chief of Podiatry at New England Baptist Hospital. “He operated on my daughter, and she raved about him,” says Mrs. Blandino.

require an osteotomy — the realignment of bone — the rehabilitation time is much shorter,” says Dr. Leavitt. “Most patients are on crutches for a couple of weeks, in a surgical shoe one month after surgery and in sneakers a month after that.”

“Dr. Leavitt explains things so well,” says Mrs. Blandino. “With his reputation, I figured the tightrope surgery was worth trying.” She was especially happy to know that she could go home the same day. “It's astonishing, but the only pain I experienced was the night after the surgery,” she adds. Four months after her surgery, she had returned to her normal activities with no limitations.

“I don't need to wear glamorous shoes, but I can wear any shoe I want now,” she says. “Dr. Leavitt is very pleased with the results, and so am I.” He also repaired her painful big toe by inserting a “collar” of silicone and titanium.

“Once someone has a huge bump, and the big toe and second toe are overlapping, they probably need surgery,” says Dr. Leavitt. “I was sending a lot of older patients out the door with the suggestion that they get wider shoes and live with their bunion problem. They weren't willing to go through traditional bunion surgery. Now we have another option. For many patients, tightrope bunion surgery is the answer.”



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