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Minimally Invasive Tailor's Bunion (Bunionette) Correction

What is a Tailor's Bunion:

A Tailor's bunion is a structural change to the foot that leads to a protruding 5th metatarsal head, just behind the baby toe. This can be due to one of three main changes in the 5th metatarsal (discussed later).

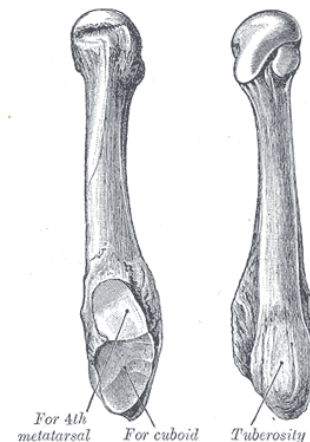
Anatomy:

The foot is composed of 5 metatarsal bones. Metatarsal bones are considered long bones and have three main anatomic areas: a base, a shaft, and a head.

Pathomechanics and anatomic varieties:

There are three main structural causes of a Tailor's bunion.

- Increased metatarsal 4-5 angle: just as with a bunion, the angle between the adjacent metatarsal can increase, leading to a prominent bone
- Increased lateral deviation angle (LDA): the end of the 5th metatarsal can angle outward
- Enlarged 5th metatarsal head: the bone becomes larger than usual



Bursitis:

A Bursa is a fluid filled pouch that protects bony areas from outside and inside pressures on the bone. There are many of them around the body. The 5th metatarsal has a bursa on the outside of the head of the bone. This can become inflamed and cause inflammation and pain. This is not a true Tailor's bunion, but may present as such. An x-ray will help rule this cause of pain in or out.

Clinical Presentation:

Patients with a Bunionette often complain of pain to the outside of their foot, just behind the baby toe. This is often made worse with tight fitting shoes that place pressure on the bone. Symptoms will often get better with removal of enclosed shoes or the use of sandals.

Conservative Treatment:

The two most common conservative treatment options for a Bunionette deformity are the use of toe pads or getting bigger, especially wider, shoes. These treatments help decrease the rubbing and pressure placed on the outside of the bone.

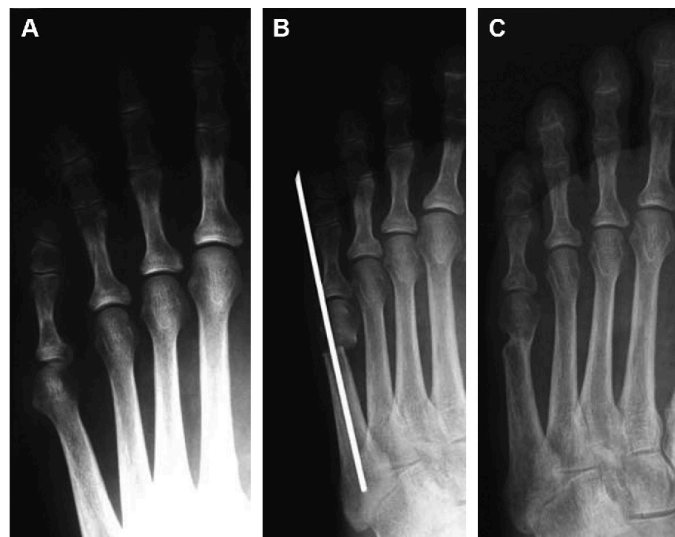
Surgical Treatment:

Because a true Bunionette is a structural deformity of the bone, there are few permanent solutions outside of surgery. If shoe changes and padding have failed, surgery can be considered. There are two main surgical treatments for a Tailor's bunion:

- Condylectomy: If the 5th metatarsal head is enlarged, simply shaving down the excess bone may help alleviate symptoms permanently
- Osteotomy: If the physical nature of the bone causes it to angle outwards, a small cut (osteotomy) can be made in the bone to allow shifting of the protruding portion of the bone. This is similar to a bunion correction, simply on the outside of the foot. Sometimes a pin or screw may be used to hold the bone in place while it heals, if needed.

Minimally Invasive Correction of a Tailor's Bunion:

The two procedures listed above can almost always be performed through a small percutaneous (through the skin) approach. This has the benefit of less soft tissue damage, less swelling, faster bone healing, and less scar tissue in and around the bone and joint, which can reduce motion in the future.



Surgical Recovery:

If performed in isolation (no other procedures), patients are walking in a surgical shoe or boot the day of surgery. If a pin is used, it is removed between 4-6 wks. Patients are typically back into a normal shoe by 6 weeks, walking a typical daily amount by 8 weeks, and back to running/sports by 12-16 weeks.

Complications:

As with any surgical procedures, complications can occur. The most common complications for this procedure would include persistent swelling, recurrence, pin site infection, and nonunion (bone cut not healing). Many of these complications are clinically treatable and do not necessitate a return to surgery.