

The **10** Secrets to Relieving Bunion Pain

*Eliminate Bunion Pain Without
Surgery Using These Effective
At-Home Remedies*



**Douglas S. Hale, DPM
and
Lawrence Z. Huppin, DPM**

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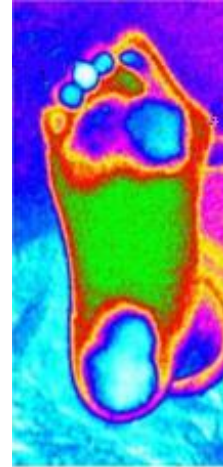
THE 10 SECRETS TO RELIEVING BUNION PAIN

Eliminate bunion pain without surgery using these effective at-home remedies

A bunion is swelling that occurs at the base of your big toe, causing the toe to tilt inward and a bump to form on the outside of big toe joint. Bunion pain can limit activity, be painful, and cause concerns that costly treatment might be needed. The good news is



that most bunion pain can be treated conservatively and do not need an invasive or surgical procedure. Committing to following this at-home treatment plan for 2 to 3 weeks works for most people. Here's what you can do:



1. **Support Arches at Home:** Wear comfortable sandals with arch supports around the house instead of slippers or bare feet. This allows your foot and the bunion pain to heal faster. The secret here is to alleviate the pressure from the big toe joint using a good arch support inside a sandal that is comfortable to use at home. Try: [Orthaheel Sandal Wave Flip Flop](#)

2. **Support Arches On the Go:** Wear a high quality arch support in your shoes to relieve pressure on the big toe joint.

A properly prescribed custom orthotic will do this most effectively, but at the very least try an over-the-counter orthotic insole. Avoid wearing high heeled or stiff shoes that irritate the bunion and cause further pain. The secret



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here is to transfer the force off the area of the bunion and distribute it evenly across your entire foot. *Try: the [Powerstep Insole](#) in walking shoes and athletic shoes. In women's dress shoes or boots try the [Orthaheel Women's Dress Slimfit Orthotic Insole](#).*

- 3. Wear Custom Orthotics:** Get fitted for custom orthotics by your podiatrist. A mold of your foot should be taken in a very specific position and the orthotic devices should be prescribed in a manner to best protect the joints. For best results orthotics must be made from non-weight bearing casts of your feet to provide the best function of the big toe joint. Ask for Total-Contact Foot Orthotics (TCFOs)— these conform extremely close to the arch of your foot and are most effective at protecting the big toe joint.



- 4. Shoe Therapy:** Wear proper shoes for your foot type and activities and make modifications to your shoes with arch supports. The secret here is to buy shoes from a shoe store with a trained professional fitting your shoes. A good shoe fitter will not only lead you to the best fitting shoes, but also modify the shoe to handle difficult feet. Ask a local podiatrist for their recommendations on the best shoe stores in your area.
- 5. Accommodative Padding:** Use a pad over the bunion deformity to keep the damage in the joint from getting worse. A medicated

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gel pad fits over the foot and can be worn inside a shoe. The soft padding protects the bunion and the

painful protrusion. The secret here is to protect the bunion from rubbing against the shoe pressure and growing larger.

Try: [Silipos Bunion Care Gel Sleeve](#) and [Silicone Bunion Shields](#).



6. **Use a Topical Medication:** During the day use a medical pain reliever cream such an anti-inflammatory ointment or gel to massage the skin and diminish pain. The secret here is to reduce the painful symptoms. Try: [Orthogel Cold Therapy Relief Gel](#).
7. **Reduce Inflammation:** Each evening ice the bunion for 10 minutes. This will reduce the swelling and inflammation, keeping the bunion from growing larger. The secret here is to not apply ice directly on the bunion, but to use an icepack or cold compress on the area.
8. **Over-the-Counter Medication:** As a short-term therapy to alleviate bunion pain, try taking aspirin, ibuprofen, or acetaminophen if these medications are approved by your physician. The secret here is not to rely on medication indefinitely, but to use it as part of your arsenal to treat your bunion pain.
9. **Correct the First and Second Toes:** Use a separator made of silicone or a bunion splint to straighten and prevent the first and

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second toe from pushing against each other. These splits encourage the toes to stay straight. The secret here is to prevent the big toe from moving toward the second toe and worsening the deformity. Try: [Gel Toe Separator](#) and [Pedifix: Soft Bunion Splint](#).

10. **Stretch Shoes:** Have your shoes stretched over the bunion deformity. Buy a shoe stretcher, especially if you are between shoe sizes, or a toe stretcher to ensure there is enough room in the shoe to accommodate your foot.

Try: [Ball and Ring Shoe Stretcher](#).



Healing a bunion does not have to be time consuming, invasive or expensive. If your symptoms or pain do not improve within 2 to 3 weeks, make an appointment to see your podiatrist.

***If you are not able to eliminate your bunion pain with conservative treatment, read below for a special section on how to find the best bunion surgeon in your area.**

Part II: Finding the Right Bunion Surgeon

If you find that eventually you do need bunion surgery, the most important factor in good outcomes is to find the best bunion surgeon available. The qualities that make for a good bunion surgeon are:

- **Board Certified:** Look for an experienced surgeon who is board certified by the American Board of Podiatric Surgery (this is the only board recognized as a surgical board) in Foot Surgery or Foot and Ankle Surgery. A more experienced surgeon will also be certified in Reconstructive Rearfoot/Ankle Surgery.
- **Understanding of foot biomechanics:** To choose the best procedure, a surgeon must also have the ability to evaluate your biomechanical structure including tightness of leg muscles, foot and leg alignment, motion of the bones around the bunion site, and midfoot and rearfoot alignment.
- **Extensive experience:** An experienced surgeon usually has a better ability to deal with intraoperative or post operative complications and reduce the chance of complications. Numerous studies have demonstrated that one of the best predictors of surgical outcome is the experience of the surgeon.
- **Gentle handling of tissue:** A surgeon who handles tissue with a gentle touch will help ensure that pain is minimized and recovery time is reduced.

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- **Reputable surgical center:** The surgery should be performed in peer reviewed hospital or surgery center (surgery center not located in physician's office).
- **Provides realistic expectations and explains potential problems:** Be wary of a physician who seems to talk you into surgery or makes surgery sound "too good to be true".
- **Recommends foot orthotics following surgery:** Bunion surgery does not usually alleviate all of the forces that caused the bunion in the first place. This is because the biomechanical cause of the bunion is often due to function in another part of the foot. Surgery to correct the underlying biomechanical cause would, in many situations, be too extensive and involved to be a practical treatment option. In addition, it is simply not necessary in most cases. Once the bunion is corrected, foot orthoses will likely be used to improve foot biomechanical function and help prevent return of the bunion deformity.

The orthotics can fit into many shoe types, including women's dress shoes. Note that if you already have orthotics, you will likely need new ones after surgery to match the new shape of your foot. Use this link for more information: [custom foot orthotics](#).



Part III: Avoid These Surgeons

Be very careful in choosing the right surgeon. It is particularly important to avoid those that make unrealistic claims regarding bunion surgery. If you see or hear the following statements we suggest you consider another surgeon:

- **"90 plus percent of patients have pain free surgery":** Any surgeon can make this claim since surgery is generally performed with a local anesthetic block and the patient is sedated or asleep during surgery. After surgery patients are given a long-term anesthetic block to allow them to usually go home pain free. Look for a surgeon who gives realistic expectations and does not make surgery sound too good to be true.
- **"I created a better bunion surgery":** There are several problems with this statement. First, all bunion surgery is a variation on several basic types of procedures. There have been substantial evolutionary changes over the years, but if you hear anyone claiming that they have invented a procedure that is far better than anyone else is using, you should have a healthy skepticism. Second, there is no one "best" bunion surgery. The correct procedure depends on your foot shape, ligament tightness, biomechanics and other factors. Finally, in most all surgical specialties, if a truly better procedure is developed it is adopted by most good surgeons.

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- **“My patients never have a bunion return”**: It is simply impossible to ethically guarantee that a bunion will not return. The odds of a bunion returning are much less if the surgeon chooses the right procedure and the patient follows all of their post-operative instructions. Also the use of custom foot orthotics (specifically prescribed to enhance normal function of the big toe joint) after surgery can help prevent return of bunions. The reality is a very small percentage of bunions will eventually return regardless. Sometimes the forces leading to bunion formation are just too great.
- **“My patients never require crutches”**: This often means that the surgeon only knows how to perform a simple type of bunionectomy. More complex bunion procedures may require the use of crutches. In fact, even with a bunion procedure that allows early weight bearing most surgeons will have their patients use crutches for short period of time to reduce swelling and pressure on the surgical site.
- **“Surgery is performed in our own surgery center”**: Be very cautious of a physician who performs bunion surgery in their own office surgery center. Physicians who perform surgery in the hospital must pass a credentialing process and be approved by a committee to perform individual surgical procedures. Physicians in the hospital are re-credentialed/evaluated on a regular basis. This assures you the physician is qualified to perform your surgical procedure and does not have an impairment. An office surgery center must usually be approved, in order for them to bill Medicare, but the physicians are not regulated. A physician

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may be deemed not qualified to perform a procedure in the hospital but this does not stop him/her from performing procedures in his/her own surgery center. A physician operating in his/her own surgery center has no one evaluating the quality of work. (We tend to see more complications from patients who have had surgery in an office surgery center).

- **“I feel your bunion is going to get worse so you should have surgery as soon as possible”**: Be cautious of a physician who does not suggest conservative therapy before suggesting surgery.
- **“Surgery is virtually pain free, minimally invasive”**: Be cautious of a physician who makes the surgery sound too good to be true. “Minimally invasive” bunion surgery was a term used many years ago to describe bunion surgeries performed through a very small incision. Due to significant numbers of complications with minimally invasive bunion surgeries, it is not currently recommended for bunion correction. A responsible surgeon will give you realistic expectations and review possible complications. All surgery, bunion or otherwise may have possible complications.

For more information about foot care and the latest technology, including how to use the most conservative approaches to solving your foot and ankle problems, visit www.FootAnkle.com or www.FootAnkleStore.com. All items ordered at the store ship out right away and will arrive at your house in a couple days.

About the Authors



***Douglas S. Hale, DPM**, graduated with honors from both Tulane University School of Engineering and the Dr. William M. Scholl College of Podiatric Medicine. Upon completion of his Podiatric medical degree, he pursued a residency in reconstructive foot and ankle surgery. He is the past chief of podiatric surgery at Swedish Medical Center in Seattle and the current director of the podiatric surgery residency. He is a specialist in biomechanics / orthotics and reconstructive foot and ankle surgery and is highly qualified to treat all foot and ankle disorders.*



***Lawrence Z. Hupp, DPM**, graduated from Oregon State University and earned his medical degree at the California College of Podiatric Medicine in San Francisco. Following graduation he completed a podiatric medical residency. Dr. Hupp is a nationally recognized lecturer and teacher on orthotic therapy and biomechanics. Along with his Seattle private practice in which he specializes in orthotic therapy and biomechanics, he is an associate professor in the Department of Biomechanics at the California School of Podiatric Medicine and is the Medical Director for ProLab Orthotics—a Bay Area orthotic lab that provides education on orthotic therapy to doctors and medical students throughout the United States and Canada.*