



1. Identification and description of the procedure

The operation consists in the correction of the deformity at the level of the first radius of the foot realigning it with it and the elimination of the osseous prominence of the internal face of the first metatarsal ("bunion") and, if necessary, a correction of the associated deformities of the minor toes. The operation may need anaesthesia which will be evaluated by the Anaesthesia Department.

2. Purpose of the procedure and benefits that are expected to be achieved

The main purpose of the operation consists in correcting as much as possible the deformity of the toes, prevent metatarsalgias (pain on the bottom of the foot, under the toes, and the appearance of other deformities, such as hooked toes, hyperkeratosis (calluses) and subluxations of the joints; improve the biomechanics of the forefoot and the intent of removing the pain. After the operation, besides improving the aesthetic aspect of the foot upon correcting the deformities, it is foreseeable that the pain disappears on the internal face of the first toe as well as the calluses, both the bunion and the ones on the minor toes if we have also acted upon them.

3. Reasonable alternatives to this procedure

To correct these deformities we can act only on the soft parts (capsule and tendons) or associate it with cuts on the bone. At the same time these operations can be performed by conventional surgery or by mini-incisions. If the patient does not desire an operation, we can try to place corrective splints even though they have scarce effectiveness.

4. Foreseeable consequences of its performance

After the surgery it is foreseeable that the aesthetic of the foot improves, as well as the pain and biomechanics, walking usually also improves.

5. Foreseeable consequences of its non performance

If the surgery is not performed it is foreseeable that the deformities and discomforts will gradually continue to get worse.

6. Frequent risks

- Haematomas.
- Contracture of the first inter-digital membrane.
- Limited movement of the metatarsophalangeal joint.
- Excess bleeding during the operation.
- Shortened first toe.
- Sometimes residual discomforts are left that could require orthopaedic treatment and/or medical and on some occasions a second operation.

7. Infrequent risks

There are other effects that, although they are infrequent, entail greater severity:

- Recidiva of the deformity.
- Hooked first toe.
- Numb first toe due to lesions in the digital nerves. Neuromas in the digital nerves.
- Necrosis on the edge of the wound.
- Infection of the surgical wound, either superficial or deep, with a risk of affecting the internal structures (osteitis, septic arthritis, etc.)
- A vascular necrosis of the head of the first metatarsal.
- Non-union of the osteotomy.
- Metatarsal fracture.
- Sympathetic-reflex algodystrophy.
- Deep vein thrombosis. And eventually pulmonary thromboembolism with serious consequences.

Surgical treatment of the valgus hallux and/or deformities of the toes

8. Risks depending on the patient's clinical situation

As the surgical procedure that it is, due to both the technique as well as the current situation of each patient, (diabetes, heart disease, hypertension, old age, anaemia, obesity...) it carries a series of common and potentially serious complications that could require complementary treatment both medical as well as surgical, as well as a minimal percentage of mortality. To diminish this, the patient must report his/her possible allergies to medicines, problems with coagulation, cardiopulmonary diseases, current medicines or any other aggravating circumstance.

Declaration of consent

Mr./Mrs./Miss. aged , with home address at
..... , National Identity No. and SIP number
.....

Mr./Mrs./Miss. aged , with home address at
..... acting in the capacity of (the patient's legal representative, relative or close
friend) , with National Identity No.

Hereby declare:

That the Doctor has explained to me that it is advisable/necessary in my
situation to perform a
.....
and that I have adequately understood the information he/she has given me.

In on , 2

Signed: Mr./Mrs./Miss. With National Identity Card No

Signed: Dr. With National Identity Card No

Associate number

Revocation of the consent

I hereby revoke the consent granted on the date of , 2 and I do not wish
to carry on with the treatment that I hereby terminate on this date.

In on , 2

Signed: The Doctor

Signed: The patient

Associate number:

