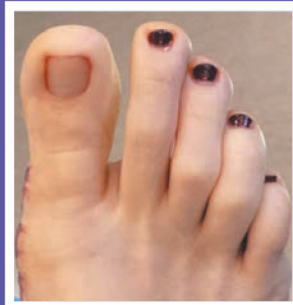
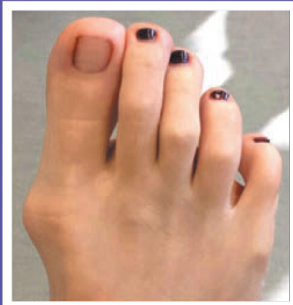


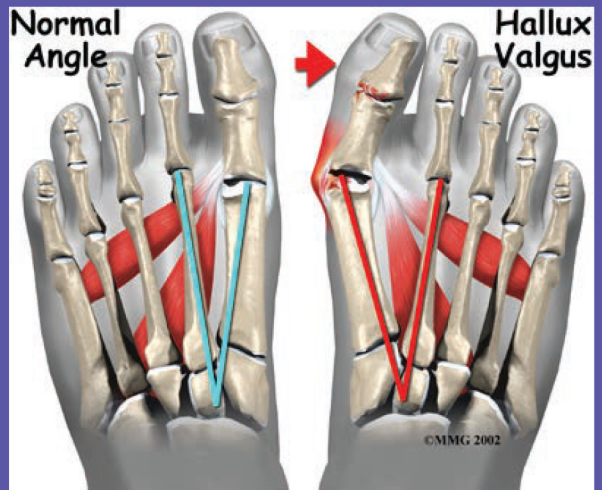
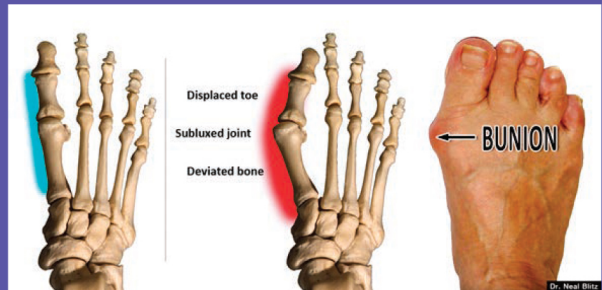
Juvenile HAV (PreOp)

Juvenile HAV (PostOp)



Before Bunion Surgery

After Bunion Surgery



Carlo A. Messina, D.P.M.
Foot and Ankle Surgeon, Podiatrist

- Diplomate: American Board of Foot and Ankle Surgery
- Fellow: American College of Foot and Ankle Surgeons
- Board Certified Foot and Ankle Surgeon
- Board Certified: American Board of Foot and Ankle Surgery
- Specializing in Sports Medicine, Lower Extremity Trauma
- Specializing in Deformities in Children and Adults
- Specializing in Complex Ankle Ligament Injuries



Michael M. Cohen, D.P.M.
Foot and Ankle Surgeon, Podiatrist

- Diplomate: American Board of Foot and Ankle Surgery
- Fellow: American College of Foot and Ankle Surgeons
- Board Certified Foot and Ankle Surgeon
- Board Certified: American Board of Foot and Ankle Surgery
- Board Certified: American Board of Podiatric Medicine
- Specializing in Lower Extremity Injuries and Deformities in Children and Adults
- Specializing in Complex Limb Salvage; Foot, Ankle and Leg Fracture Surgery
- Specializing in Total Ankle Replacements and Running Injuries



John D. Goodner, D.P.M.
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- Fellow: American College of Foot and Ankle Surgeons
- Board Certified Foot and Ankle Surgeon
- Specializing in Sports Medicine, Foot and Ankle Arthroscopy
- Specializing in Lower Extremity Injuries and Deformities in Children and Adults
- Specializing in Adult and Pediatric Reconstructive Foot, Ankle and Leg Surgery
- Specializing in Adult and Pediatric Lower Extremity Trauma



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- Diplomate: American Board of Foot and Ankle Surgery
- Fellow: American College of Foot and Ankle Surgeons
- Board Certified Foot and Ankle Surgeon
- Specializing in Foot and Ankle Arthroscopy
- Specializing in Total Ankle Replacement
- Specializing in Lower Extremity Injuries and Deformities in Children and Adults

BUNIONS

Commonly Asked Questions



A BUNION IS NOT A GROWTH OF BONE



IT'S A SUBLUXED BIG TOE JOINT



Messina • Goodner • Cohen • Windram
Desimone • Moya • Bertot • Shenassa • Jones • Gonzalez

Foot, Ankle & Leg Specialists of South Florida

INSURANCE

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Humana (PPO, POS, EPO)
Magellan
Medicare
Memorial (HMO, PPO)
Miccosukee
Multiplan
Network Blue (HMO, PPO)
Preferred Choice
Private Health Care System
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Tricare
United Health Care (HMO, PPO, POS)

PEDIATRIC

Better Health
Molina
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Sunshine State
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LOCATIONS

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17842 NW 2nd St. • 954-430-9901

PLANTATION

220 S.W. 84th Avenue, Suite 102 • 954-720-1530

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BUNIONS Commonly Asked Questions

By: Robert H. Sheinberg, D.P.M., D.A.B.P.S., F.A.C.F.A.S.

1. What is this large bump on the inside of my foot? It is called a bunion. A bone is becoming more prominent on the inside of the foot. It is part of your normal foot and not a growth of new bone. The foot bones are starting to spread out, making the bone more prominent.

2. What is the cause of bunions? Most commonly it is hereditary. Tight shoes will often bring out the problem sooner. Poor foot structure (i.e. flatfeet) may also contribute to the problem.

3. Can I avoid getting bunions if my mother and grandmother have them? Generally no. You may wear shoes that are wider in the toe box. This may delay the onset of bunions and prevent them from getting very painful. Eventually, a bunion will appear if you are predisposed to it.

4. Will exercises of the toe or wearing of a pad between my toes help? Pulling the big toe away from the second toe and wearing a toe spacer will be of limited benefit in the long term.

5. Do bunions get worse? Over time the bones in the feet spread out further making a bunion appear larger. It may take months to many years, but they will almost always get worse, especially if you are pronated or flatfooted.

6. Will I develop arthritis in the area? Over the years the big toe joint will become affected by the separating of the bones in the foot. Cartilage will start to wear thin and some degree of arthritis may develop. It may be mild, causing pain occasionally with movement of the toe or severe, causing pain with every step. The arthritis that may develop is different from the pain directly on the bunion.

7. What causes the pain over the bunion? Shoes that are narrow put pressure on the skin, nerves and bone. Numbness or tingling may also develop as the nerve gets compressed against the bone by tight shoes.

8. What can be done to help this condition? Wider shoes are the first step in the treatment process. This will take pressure off of the skin, nerves and bone. If the foot is functioning poorly an orthotic (custom-molded inserts into the shoes) will help. Occasionally oral medication, steroid injections and physical therapy will be of some benefit.

9. Can the bunion be corrected? Bunions can be corrected surgically if the bunion is painful and it is unresponsive to conservative care. In some cases small bunions hurt much more than large bunions.

10. What is the process of getting it corrected? Surgical correction may take place after a thorough history and physical examination. X-rays are performed to see the degree of deformity. A treatment plan is then formulated based on the physical findings and lifestyle of the patient. The procedures are done outpatient and patients choose the type of anesthesia they prefer. Some choose to go completely to sleep and others to be minimally sedated. The procedure takes less than one hour to perform and it is done in an outpatient center.

11. How is the bunion corrected? There are tight tendons and ligaments in the foot that need to be loosened and loose tendons and ligaments that need to be tightened during the surgical procedure. The bone that is sticking out is precisely cut with a special saw and it is positioned back into the foot in its normal (pre-bunion) anatomical position. A small screw or pin may be used to stabilize the bone after it has been cut. In a small number of cases, the pin or screw may need to be removed at a later time. The cutting of the bone allows the big toe to be straightened and the bunion to be completely eliminated. The bunion is minimally shaved down.

12. Is it painful to have surgery? When done correctly by an experienced surgeon minimal pain is involved. We have done more than 5000 bunion surgeries.

13. Can I walk on it immediately after surgery? We advise people to stay off their foot for two or three days. A surgical boot is utilized for a period of six weeks to protect the area and allow it to heal properly.

14. How quickly can I return to work after surgery? Usually requires four days of rest at home before returning to work. A special surgical shoe or boot is given to take stress off the area and prevent problems from developing postoperatively.

15. How long will it take to get back into normal shoes? For everyone it is different. It will usually take four to six weeks to get back into flat shoes or sneakers. Heels may take 2-3 months.

16. Will I be able to resume sports after surgery? Stationery bicycles may be used 1-2 weeks after surgery. Running sports and activities may require six or more weeks.

17. Would I be able to wear high-heeled shoes after the problem is corrected? In almost all cases, yes.

18. Will the bunion recur? In almost all cases it will not. Over time there is a slight tendency for the big toe to slightly drift towards the second but there isn't pain and the bunion doesn't recur. Patients with flat feet are more susceptible to recurrence many years later. Orthotics are often used to help prevent recurrence.

19. I had bunion surgery many years ago and it has come back. Can I do something about it? Yes. If the surgical procedure is done correctly a second time the results may be outstanding provided that there are no arthritic changes in the joint. If there are arthritic changes, many surgical options are available to correct the deformity.

20. I have heard terrible things about bunion surgery. Why? Techniques have changed dramatically over the last 20 years. Bunions used to be shaved off, leaving the joint uncorrected. Pain and recurrence were common. When performed by an experienced Board Certified Podiatric Surgeon results are usually excellent. The doctors at Foot, Ankle & Leg Specialists of South Florida have performed thousands of bunion surgeries with great success and minimal complications.

21. Are there any risks in doing bunion surgery? Any operation carries some risk. These can include infection (less than 1%), excessive scarring (rare and can be treated if present), delay in healing (more common in smokers), overcorrection (less than 5% where the big toe drifts excessively to the inside of the foot), joint stiffness (normal after surgery and restored with time and physical therapy), swelling (common after any bone or soft tissue surgery), numbness along the incision (usually temporary) and recurrence of the deformity (more common in flatfooted people).

22. What is the long term prognosis? In almost all cases, it is excellent. The earlier the treatment, the better the long term prognosis because arthritic changes are minimized.

Degrees of Bunion Deformity



1st 2nd 3rd 4th



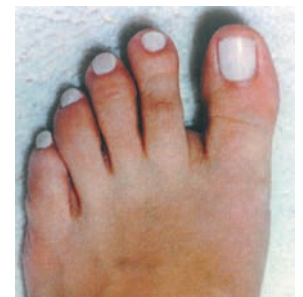
Recurrent Bunion (PreOp)



Recurrent Bunion (PostOp)



Moderate Bunion (PreOp)



Moderate Bunion (PostOp)



Lapidus (PreOp)



Lapidus (PostOp)