Complications of Surgery of Hallux Valgus

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During the time period from 1/2004 until 1/2014 we operated 5510 Foot and Ankle cases. Included in this number are a total of 1255 cases of Hallux valgus surgery.

The used procedures for Hallux valgus surgery include Chevron and Scarf osteotomies as well as TMT I-Arthrodesis, Proximal osteotomies or Double- osteotomies of the first metatarsal. Most procedures were performed in combination with Akin osteotomies.

In order to understand the positive and negative outcomes of our performed surgeries we did a chart review of our hallux valgus cases from 1/2004 till 1/2014. Our special interest was the incidence and quality of complications after this kind of surgery.

We analyzed the complications as listed below:

1. Complications involving soft tissue:
   - infection, delayed wound healing, arthofibrosis, paresthesia, hypertrophic and/or contracted scar, instable joint after excessive lateral release with secondary hallux varus, instability of the medial MTP capsule with HAV recurrence.

2. Complications involving bone:
   - Overcorrection of MT I- shaft with resulting Hallux varus, persistent pathological PASA, hyperextended Metatarsal shaft, Cock up deformity, malunion of the osteotomy or arthrodesis,
Pseudarthrosis, avascular head necrosis, undercorrection of MT I or D1 with recurrence of deformity, excessive shortening of MT I, hardware problems.

3. Complications involving bone and soft tissue:
   Infection, over- and undercorrection, cock up toe, recurrence of deformity, hardware problems

Comparing the complications in our patients with the outcomes in literature we analyzed the numbers and the differences between literature and our cases.

We present also the conclusions from our analysis and the consequences for our daily practice concerning
   a) our surgical approach in the treatment of hallux valgus deformity.
   b) our postop treatment.