

## Paula Radcliffe: After training I couldn't even walk, let alone run. That's why I finally had surgery to blitz my bunion

By [Gary Edwards](#)

Updated: 20:01 EST, 12 June 2010

Watching Paula Radcliffe win a marathon, you would never imagine that until recently she suffered from a common foot condition that afflicts an estimated one million Britons.

However, scrutinise photographs of her in vertiginous heels and the distorted tell-tale swelling of a bunion alongside her right big toe was all too apparent. And when the bunion began to seriously affect her running, the 36-year-old athlete made the courageous decision to have it surgically removed – a move she does not regret.

'I wish I'd had my bunion done years ago,' she says. 'But surgery is a big deal for a runner. 'I tried to get around the problem by modifying my running style and by dealing with it the best I could without surgery. Now I wish I had done something about it sooner.



High point: Paula Radcliffe can now wear heels in comfort again after surgery to remove her painful bunion

'The operation was very painful but I'd recommend it to anyone who suffers. It's made such a big difference to my life.'

Paula is married to her coach Gary Lough, and they live, along with their three-year-old daughter Isla, in Monaco. The couple are expecting a second child in September.

'I hadn't realised just how bad it was,' says Paula. 'I was using more and more orthodontics – gels, moulds, splints – and had my running shoes specially widened. I wouldn't dream of wearing high heels on a night out. I couldn't even wear the normal athletic spikes. After training I wasn't able to walk it was so painful.'



Paula's painful bunion is evident in these high heels

Her bunion was blamed for causing a series of injuries over many years that meant the world marathon record-holder missed out on the chance of glory at Olympic Games and World Championships, as well as causing day-to-day discomfort.

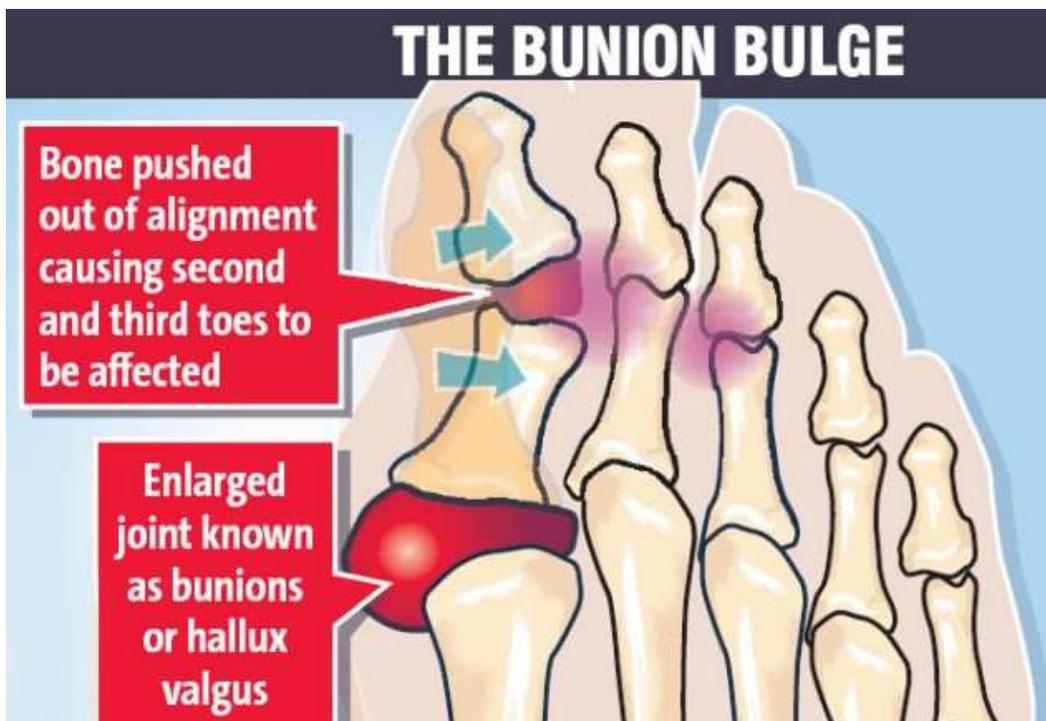
'I had the bunion in 1997 when I first started running seriously, but didn't think anything of it until 2003,' she says. 'It had gradually got worse and had started affecting the way I ran, and consequently how I trained. But – like many sufferers – I tried to find ways of accommodating it rather than dealing with it.'

Bunions, or hallux valgus, can be hereditary (Paula's mother Pat also suffers) and they are more common in women. They arise at the joint at the base of the big toe, when there is not only a thickening of the skin, but the head of the metatarsal bone becomes prominent.

After suffering from a series of injuries including a hernia in 2004 and neuroma in 2005, culminating in a fractured toe and the stress fracture of her femur (thigh bone) in 2008, Paula finally decided to consult podiatric surgeon Dr Amol Saxena, who works at California's Palo Alto Medical Foundation's Sports Medicine Department. Dr Saxena concluded that the bunion caused Paula's injuries, and that her style of running had changed to accommodate it.

This in turn affected her gait and put additional strain on her body. Usually an operation to correct a bunion is relatively straightforward, removing the abnormal bony enlargement of the first metatarsal and realigning the bone relative to the adjacent metatarsal.

However, the bunion may be arthritic, and the big and second toes may need the first metatarsal cut back or lengthened. Indeed, Paula's big toe had moved so far into the second toe, which in turn affected the third one, that all three had to be surgically realigned. Although the problem was hereditary, the amount of running Paula has done obviously exacerbated it. 'I had the feet of a 60-year-old sufferer,' she says.



Women who wear high heels often antagonise and worsen the bunion as well. For the procedure, Paula had a general anaesthetic. Dr Saxena says: 'Paula had a dislocation of the toe joint and a broken second metatarsal. As a result of the bunion, she was also overloading her second and third toes.

'During a two-hour procedure, I cut the bones and repositioned them, realigning with screws and pins. 'The pins are absorbable and the titanium screws are usually left in the foot.

'Paula also needed tendon transfer to create stability in her toes, with the tendon transferred from one area of the toe to another. She had a severe bunion, but it is quite a common procedure.'

Dr Saxena says the operation is very painful.

'Patients with long-standing bunions not only have the bones realigned but the tendons and other soft tissue such as nerves and vessels also have to adapt to a new position that they haven't been in for several years. This is like running a marathon without any training for the body.'



Agony: Paula had to adjust her running style because of her bunion

After the operation, Paula spent three weeks on crutches, followed by two weeks wearing a special protective shoe. She rehabilitated in a swimming pool and, after seven weeks, by running on a special Alter-G anti-gravity treadmill. After nine weeks she was back training outdoors. Dr Saxena says most patients would take about 12 weeks to recover. Paula recalls: 'It was very, very painful afterwards.'

But within six months of the surgery she won the New York half-marathon last August. She says: 'I finally now have that reassurance that it was not my body falling apart or me getting too old, but a structural problem with my foot that was making me injury-prone.'

'Now it's really good. I was told it would take two years to feel completely normal again, and although I ran last year after the operation and it felt OK, it probably was too soon. I've had to relearn how to run.'

'With the bunion I'd developed a style of compensating for it – running around it. This put enormous stress on other parts of my body. Now I'm running through my big toe and not around it. I can even wear spikes again.

'Many people laugh about bunions, but mine had a major impact on my career. It hurts more when you put all the work in and train for months and months for just one race, killing yourself in the process, and then you can't race because of an injury – in hindsight, caused by a bunion.

'It guts you and affects the whole of the family. 'I put off surgery because of what I saw as the risk of messing with my feet, and there's always the risk that surgery could end up not making it any better.'

Now Paula's sights are firmly set on the 2012 Olympics, when she will be 38.

'Without the bunion surgery I would have carried on and tried to do well in 2012, but I would probably have lurched from injury to injury,' she says. 'Now I am really confident and the Olympics are my next big goal – and, along the way, I can even dress up for a night out and wear some nice shoes, although only very occasionally, as I'd never do anything to exacerbate the problem again.'

Paula joined 7,000 women in a Race For Life charity event at London's Battersea Park last month to raise funds for Cancer Research, something close to her heart as her mother won her battle against breast cancer in 2008.

'I was also very close to Jane Tomlinson, who had terminal cancer and spent the last six years of her life until her death in 2007 raising £1.85 million for charity – and the wife of one of my coaches has bowel cancer,' she says.

## **How to stop bunions? Change your parents...**

### **By Emma Supple**

Bunions are a wayward, inherited, leaning-in of the big toe joint metatarsal that develops either in childhood or as an adult.

The greatest way to prevent bunions is to choose different parents, as the structure imperfections that are responsible for creating a bunion are passed down in your genes.

There are things you can do to decrease the pain and symptoms if you are born into a family with the tendency to develop them.

First, choose shoes with care and second, see a podiatrist and get your feet properly fitted for orthotics that will slow the imbalances responsible for them. Surgical correction such as Paula Radcliffe's can be very successful.

There are usually two types of pain associated with this foot condition – bump pain and joint pain. Bump pain occurs with tight-fitting shoes and is often relieved by changing shoe style and wearing shoe insoles to take the weight off the front of the foot (see [www.supplefeet.com/orthofits](http://www.supplefeet.com/orthofits)). Joint pain is more troublesome and comes about because of the arthritic cartilage changes within the joint.

However, before considering surgical correction, do implement simple changes to protect and support feet as the bunion gradually develops.

Along with using specialised insoles, at my practice we concentrate on strengthening the five deep layers of muscles of the feet that so easily become weak, and use Beech Sandals that separate every toe for this purpose.

We also look at all shoes and recommend a 'diet' of shoes to include a variety including dance shoes, espadrilles, perfect heel height and shoes for sport, using insoles as required.