

**Clinical Guideline:** Bunions and Hallux Valgus Site: FPH

Broad range of symptoms from purely cosmetic to major deformity of the big toe resulting in pain

Difficulty with shoe fitting and secondary effects (most commonly affecting the second toe) due to overload of the rest of the foot.

History

Patient information leaflet

Blue Book on elective forefoot surgery: A guide to Good practice BOA 2010

General Information

Examination

|  |  |  |
| --- | --- | --- |
| **Mild** | **Moderate/Severe** | **Diagnosis unclear** |
| Limited pain | Moderate or severe pain | Painful mild bunion or arthritis |
| Functional Impairment, redness/soreness | Functional Impairment, redness/soreness |   |
| 1st toe starting to touch,2nd toe not affected  | Bigger deformation 2nd toe affected/lifting Callus under 2nd MTP |   |
| Manage conservatively | Discussion and information about surgery | Refer to Orthopaedic triage service |

Investigation

**Weight bearing x-rays of the foot** are only required in patients with hallux valgus in cases of diagnostic uncertainty or for preoperative planning of surgery. They should only be ordered by the operating surgeon.

**Complex 3D imaging (CT / MRI scan)** is rarely indicated in patients with Hallux Valgus. If require they should only be ordered by the consultant surgeon.

Advice and Treatment

**Initial Management**

Ensure footwear is appropriate (lower heels, wider fitting shoes, moulded shoes

Advise on patient directed approach (bunion pads, OTC analgesia, ice to relive pain and inflammation

Refer to podiatrist for orthotics

Provide patient leaflet.

Referral Guidelines – red flag signs

**When to Refer**

Surgery is offered if symptoms are severe or deteriorating and the risk-benefit ratio is judged favourable.

The following principles are used to select those patients most suitable for referral to the specialist orthopaedic foot and ankle service:

* No surgical procedure should be carried out for cosmetic reasons
* Surgery is more likely to be appropriate if any of the following is present and not responsive to non-surgical treatment;
* functional impairment
* daily bunion pain
* inability to wear suitable shoes
* any pain under the ball of the foot
* the second toe starting to lift or flex (clawing), whether the bunion itself is painful or not
* the deformity is deteriorating (e.g. shoes wearable last year no longer fit)

Before consulting a specialist for surgery, patients must accept that they will be unable to drive for 6 weeks (or 2 weeks after surgery on the left foot with an automatic car) and will be off work for 2 weeks for a sedentary job.

**Information about surgery for patients**

One or more osteotomies of the first ray are undertaken and are held with a variety of internal fixation devices. Currently no particular osteotomy or internal fixation device has been shown to be superior to the others.

Intra-operative or early postoperative imaging is required to confirm the correction achieved with surgery and the position of internal fixation devices.

Most surgical cases can be managed as day cases or 24 hour stay.

Many cases will be provided with local anaesthetic regional blocks for postoperative pain relief.

**Postoperative Care:**

Most patients will be reviewed at 2 weeks and 6 weeks post-surgery. Many will be managed in dressings, casts or splints which may require changing.

Further x-ray may be required to confirm union of osteotomies.

Some patients will benefit from rehabilitation under the supervision of an experienced foot and ankle physiotherapist.

Some patients may require the provision of functional foot orthotics.