Hallux Valgus is the scientific name for a bunion, which refers to a condition in which the big toe is angled towards the second toe. In a normal foot, the big toe and the long bone that leads up to it – the first metatarsal – are in a straight line. However, hallux valgus occurs when your long foot bone veers toward the other foot and your big toe drifts towards your second toe.

What causes hallux valgus?
No single cause has been proven. Genetics (a family history of bunions), footwear and foot mechanics are considered as possible factors.

Symptoms and problems caused by hallux valgus
Your bunions may not cause you any trouble, but sometimes they can cause:

- Pain - you may have difficulty walking due to pain, redness and swelling
- The foot may become wide so that it can be difficult to find wide enough shoes
- You may get arthritis in the big toe
- The second toe can become displaced by the misshapen great toe. This can cause a ‘transfer metatarsalgia’ with body weight being shifted from the ball of the big toe to the ball of the smaller toes, which are less adept at taking increased load.

Juvenile Hallux Valgus
Hallux valgus can occur in children. This is called ‘Juvenile Hallux Valgus’. Wear and tear arthritis known as degenerative joint arthritis or osteoarthritis which is common with adult hallux valgus is usually rare in Juvenile Hallux Valgus.

INITIAL TREATMENTS FOR HALLUX VALGUS

FOOTWEAR – WIDER, DEEPER SHOES.

One of the best things you can do is to go for wider, deeper shoes. There should be a centimeter between the end of your longest toe and the end of the shoe. Shoes with an adjustable fastening e.g. a lace, buckle or velcro strap allow for “width” across the forefoot. The forefoot being the area that has been widened or broadened by the shape of the bunion. A wider, deeper shoe will limit rubbing of the shoe on the skin overlying the hallux.

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1 Patient information leaflet: Hallux Valgus October 2014
valgus. In turn this reduces the chances of pain and inflammation in this area and also reduces the development of callus and corns.

Slip-on shoes and high heels can increase your discomfort. Slip on shoes have to be tighter to stay on your feet, so you have less room for your toes. With nothing to hold your foot in place, your toes often slide to the end of your shoe where they are exposed to pressure. High heels throw more weight onto the ball of the foot, putting your toes under further pressure and onto uncomfortable joints.

If it is essential to wear smart dress shoes e.g. dress code for work – consider wearing wider, deeper shoes outside work hours e.g. trainers. This should help to reduce any discomfort you are experiencing with your bunion.

Padding
Padding using materials such as fleecy web, fleecy foam, felt or gel hallux valgus covers can help protect the skin and joints from footwear friction/rubbing caused by your footwear.

OTHER TREATMENTS FOR HALLUX VALGUS

Juvenile hallux valgus
Research to date has shown that foot orthoses - an insole which supports and influences the mechanics of the foot DO NOT stop bunions from developing.

Research has shown that night splints for juvenile hallux valgus can help reduce progression of hallux valgus. The research recommends the use of night splints with the objective of stabilizing the deformity, while orthoses could be used during the day for symptom relief.

SURGERY

Surgery is not available on the NHS for cosmetic correction of bunions. The aim of surgery is to correct the cause of the bunion and reduce the symptoms. Your Podiatric Surgeon or Foot & Ankle Orthopaedic Consultant will discuss the best procedure for you dependent on your individual issues. There are over 130 different procedures for bunions. With all surgical procedures there are risks and complications with any type of surgery, therefore surgery is not usually advised unless your bunions are causing pain – or if it is starting to deform your other toes.

Some examples of surgical procedures:

Silvers procedure – this is the simplest procedure that involves removing the prominent bump on the inside of the foot. But because it doesn’t cure the underlying deformity, it will only be used in people with mild deformities or in older people. This is a short procedure and the recovery is quick. Patients determined suitable for this procedure will spend 6
weeks in a post operative boot and will need to take time off work for a minimum of 3 to 4 weeks. Those in a sedentary job may be allowed to return to work at week 3 or 4 following this operation. It can take 3 to 6 months before the swelling following the surgery subsides so until then an oversized shoe may need to be worn.

**Chevron osteotomies** – this is again suitable for mild to modest Hallux Valgus without arthritis of the toe joint (known as the first metatarsophalangeal joint). This procedure involves cutting the bone toward the end of the first metatarsal (the long bone leading up to the big toe), before fixing it back into a straighter position. You’ll need to rest the foot for two to four days. Patients determined suitable for this procedure will spend 6 weeks in a post operative boot and will need to take time off work for a minimum of 3 to 4 weeks. Those in a sedentary job may be allowed to return to work at week 3 or 4 following this operation. It can take 3 to 6 months before the swelling following the surgery subsides so until then an oversized shoe may need to be worn.

**Base wedge osteotomy** e.g. Lapidus – this is for more pronounced deformities. Recovery is longer. You’ll need to wear a non-weight bearing cast for 4-6 weeks (i.e. you can’t walk on it) and possibly a weight–bearing cast for 2-4 weeks. A wedge of bone is removed at the base of the first metatarsal bone in order to re-align the big toe joint and held in place whilst it unites (heals). Internal fixation (plates, screws or pins) is used to hold the bone cut together. You will not notice these and they do not usually need to be removed. It is sometimes necessary to perform a similar procedure on the big toe (Akin osteotomy) to achieve full correction. Those in non-manual work may be able to return in approximately 6-8 weeks & those in manual work approximately 10-12 weeks

**References:**

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www.scpod.org/foot-health/common-foot-problems/bunions-toe-deformities

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