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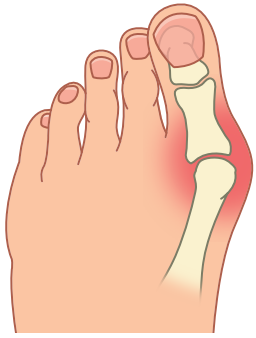
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Information for patients Hallux Valgus



Shropshire Orthopaedic Outreach Service 'SOOS'



Hallux valgus?

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.

Notes:

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, soreness and discomfort.
- The foot may become wide so that it can be difficult to find wide enough shoes.
- The skin overlying the bunion may become red and sore from footwear friction if shoes fit too tightly over the bunion.
- You may develop arthritis in the big toe.
- The second toe can become displaced by the misshapen big 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.

Your healthcare provider will be happy to answer any further questions you may have.

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References and additional information

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<https://patient.info>

MacFarlan AJH, Kilmartin TE. Conservative treatment of juvenile hallux valgus – A seven year prospective study. Br J Podiatry 2004; 7: 101 – 105

<https://cop.org.uk/foot-health/common-foot-problems/bunions/>

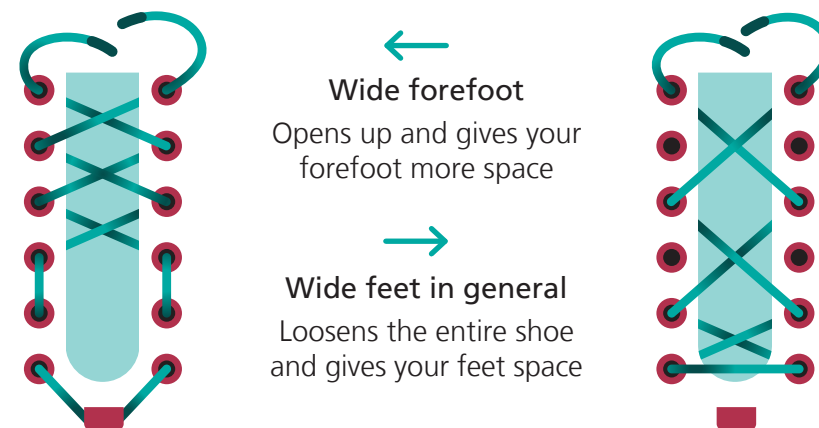
College of Podiatry., 2015. Hallux valgus and related problems of the forefoot [online viewed 10th June 2020] Available from <https://cop.org.uk/search/?q=hallux+valgus>

Initial treatments for hallux valgus

Good footwear

You can improve foot comfort by wearing shoes with a wide and deep toe box. 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 front of the foot known as 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 valgus. This reduces the chances of pain and inflammation in this area and also reduces the development of callus and corns.

You can increase toe box space to reduce pressure across your forefoot without increasing slippage around the heel by lacing footwear using different lacing techniques.



Slip-on shoes and high heels can increase foot discomfort. Slip on shoes need to be a tighter, more snug fit to stay secure on the feet which can leave less room for toes and in turn increases friction against the skin overlying the hallux valgus. High heels throw more weight onto the ball of the foot, exacerbating metatarsalgia.

If there is need to wear smart dress shoes e.g. for work – consider wearing a wider, deeper toe box style of shoe outside hours of work such as trainers. This can help to reduce 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 caused by your footwear.

Medication

Painkillers such as paracetamol or ibuprofen may help to relieve pain. Ibuprofen is from a group of medicines called non-steroidal anti-inflammatory drugs (NSAIDs).

Please consult your GP especially if you have co-existing medical conditions such as heart, liver and kidney disease, if you are pregnant or breast feeding, if you have ever had an allergic reaction to any medication, if you regularly drink large amounts of alcohol or if you are taking other medication.

Other treatments for hallux valgus

Research has shown that night splints for children with 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. However, there is no current evidence that foot orthoses / shoe inserts improve the underlying condition or stop it getting worse.

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 (ie 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.