Bunions (Hallux Valgus)

What Is The Problem?

A bunion is a deformity of the big toe joint. This can also be called a hallux valgus deformity. The deformity is caused by stretching of the joint and the pull of surrounding tendons. The bone does not grow but rather moves to become more prominent. The mostly likely reason for the deformity is due to inheritance and muscle imbalance. Your footwear plays a role in the development.

You may have pain directly from the bunion or pain from the pressure of shoes on the bunion. You also may have pain over or under the other toes as weight is transferred over to these areas.

Do I Need To Have Treatment?

If your bunion is not painful then treatment is not recommended.

What Are The Treatment Choices?

Non - Surgical

The first line of treatment is to alter your footwear and try wider shoes. Painkillers may also help. Occasionally if your bunion is due to collapse of your foot arch then insoles may help. Calluses (hard skin) under the big or lesser toes can be trimmed. Soft pads may help relieve pain from these.

Surgical

If the non-surgical treatment does not help then surgery maybe an option. The main aim of surgery is to reduce your pain. Simple removal of the bunion is not successful. To correct the deformity the bones often need to be broken in a controlled manner and reset in the correct alignment. This procedure is called an osteotomy. Alternatively to keep the correct alignment the joint maybe fused so that it does not move anymore. Screws, staples or plates are used to hold the bones in position.

This surgery can be done under general anaesthetic (asleep) or regional anaesthetic block (awake). You may be able to go home that day or may require an overnight stay in the hospital. These decisions depend on your health and social situation. A decision will be made with you.

After the surgery you will be able to put weight on your foot when wearing a special shoe. It is important to keep your foot elevated and dry for the first two weeks. This reduces the swelling and helps the wound heal. You will be seen at approximately two weeks to have the wound reviewed and again at six weeks and may have an xray.

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Author/s: Mr D T Loveday Author/s title: Consultant Orthopaedic Foot and Ankle Surgeon Approved by: PIF Date approved: 04/09/2023 Review date: 04/09/2026

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When the bones are healed then you will be able to return to your normal footwear. Often a sandal is required for a few weeks to accommodate the swelling. If often takes six months to recover from the surgery and occasionally a year.





Are There Complications?

With any surgical procedure there is a chance of a complication. Every effort is made to minimise the possibility. The complications include:

Infection: Infections may settle with antibiotics but if serious surgery may

be required. Smoking & diabetes increases your risk.

Joint stiffness: You are advised to gently move your toes after surgery.

Swelling: Most swelling resolves but some may have permanent swelling.

Scar pain: A scar can be painful and sensitive. When the wound has

healed and is dry, gentle massage with a moisturiser helps.

Long term pain: There is a risk of persisting pain or worsening pain.

Bone Union: Non-union or Mal union: The bones may not heal properly after

surgery. Smoking & diabetes increases your risk. Further

surgery is often required in this scenario.

Tendon: There is a risk of tendon injury leading to problems.

Blood clots: There is a risk of a blood clot in your leg (deep vein thrombosis)

or lungs (pulmonary embolus) after this surgery. Please inform

the team if you have had one of these previously as this

increases your risk.

Numbness/Tingling: Usually this resolves, but it may be permanent.

Recurrent deformity/
Over correction:

required.

In both of these situations further surgery may be

Metal ware breaking/ Prominence:

It is rare for the metal to break but when the swelling

has settled it may be prominent.

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