

Patient information

Bunions (Hallux Valgus)

This leaflet is intended to provide information about Bunions or Hallux Valgus (HAV) and how to make your bunions more comfortable.

It will allow for consideration which treatment option is right for you and how to proceed with this choice of treatment.

What are Bunions?

A bunion is a bony bump at the base of the big toe joint, with the big toe drifting towards the neighbouring second toe.

The medical term for the deformity is Hallux Valgus.



What are the symptoms of Bunions?

Bunions typically cause little pain, yet people may consider them “unsightly”. They can be considered a variation of normal feet.

Pain is usually felt at the big toe joint and occasionally at the base of the second toe. The second toe may develop a hammer toe deformity and the smaller toes drift outwards.

Blisters, hard skin, or wounds may present on the bunion or between toes.

Bunions make the foot wider, and toes overcrowded, this may make it difficult to find comfortable footwear.

Does footwear create Bunions?

It is not thought that footwear causes bunions. Bunions are considered a genetic or hereditary condition.

Narrow footwear can rub the sides of feet, creating redness, swelling and discomfort. High heels may additionally overload and cause pain underneath the foot.

What are the treatment options?

Treatment options are Non-surgical or Surgical. It is advised that patients exhaust all non-surgical treatment options prior to considering a surgical option.

Non-surgical treatment does not correct Bunion deformities, treatment options are aimed to improve comfort.

Footwear

Wide fitting shoes with rounded or square toe boxes accommodate bunions and make shoes more tolerable. Stiff soled shoes do not bend easily and resist painful toe movement and reduce pain. Made to measure footwear can be considered, especially if you are not medically suitable for or wish to decline surgery.

Pain relief

Topical anti-inflammatory gel may be used on bunions to ease pain and redness. Paracetamol should be used for persistent pain but non-steroidal anti-inflammatory drugs (NSAIDS) such as Ibuprofen may be used for distressing pain but take only for a few days always after food. People prone to stomach sensitivity should avoid taking NSAIDS. Discuss with your pharmacist if NSAIDS are suitable for you. Occasionally the bunion joint may be painful due to co-existent arthritis and a steroid injection may be offered. This offers short term pain relief but is not a long-term solution. Repeated injections can damage skin or soft tissues and are not recommended.

Exercises

Targeted exercise aims to maintain or improve foot function. These exercises can be performed daily.



A	Shorten and raise the arch and hold for 10 seconds. Repeat 5x
B	Raise the big toe only and hold for 10 seconds. Repeat 5x
C	Spread toes apart and hold for 10 seconds. Repeat 5x

Insoles and bunion protectors

Silicone gel pads ease symptoms by protecting the joint from shoe rubbing.

Arch supports and metatarsal dome insoles may reduce weightbearing pain within the joint.

Toe separators prevent painful rubbing and improve comfort between the big and second toe.

Suppliers of insoles or gel pads can be found here:

<https://www.shoeinsoles.co.uk/>

<https://www.amazon.co.uk> (search for Canonbury products)

<https://www.healthandcare.co.uk/foot-hub.html>



Surgical Intervention

If you have exhausted non-surgical treatments, a surgical opinion may be considered. Surgery is typically advised with severe deformity, inability to wear appropriate footwear and persistent pain. Surgery is not offered to simply improve the appearance of your foot and in this scenario will be declined.

Scarf and Akin Osteotomy (Bunion reconstruction)

Bunion surgery aims to correct the big toe deformity and reduce the prominent joint or knuckle. Surgery involves cutting your big toe and metatarsal, allowing the big toe to be re-aligned. If the second toe is deformed or crossing over, this will usually be straightened during the procedure. The surgery is held in place by metal pins or staples. You should be able to bend your toe after the surgery in most cases, though some joints remain stiff.



Arthrodesis

If your bunion joint has co-existent arthritis, the deformity is very severe or previous bunion surgery has been unsuccessful, arthrodesis or fusion surgery may be advised. This aims to straighten your toe but will additionally make the joint permanently rigid.

Bones are held in place with metalwork during healing and typically do not require removal. You may still walk comfortably with the joint rigid and typically results in effective pain resolution.

Metalwork rarely causes complications, though can be removed later.



If you wish to consider surgery, a clinician or surgeon will meet you to:

- Assess your foot and discuss your problems.
- Assess weightbearing X-Rays necessary for surgical planning.
- Share your surgical options with you to consider which procedure is best for you.

How long will I be in hospital?

Surgery is typically a day case procedure, where you would go home on the same day if medically suitable. If you have underlying medical conditions e.g., diabetes, you may need to stay overnight at hospital. The most common reason for unexpected overnight stays is for pain control, these operations involve reconstruction work on the joint and ligaments of the toe which can be distressing initially.

Will I have an anaesthetic?

The anaesthetist will meet you before surgery and discuss the best anaesthetic for you. Patients mostly have a general anaesthetic, or local anaesthetic nerve blocks to numb the foot along with sedation. However, the final choice will be made following discussion between you and the anaesthetist.

How will I feel afterwards?

During your recovery period, you will need to limit your normal daily, family, work and driving commitments. This typically requires a 6 week or longer recovery period whilst bones and tissues heal.

People with diabetes and rheumatoid arthritis take longer to heal. Smoking seriously delays healing and must be stopped before surgery and during healing.

You will be able to look after yourself (toileting and feeding). This can be challenging if living alone.

What should I do when I go home?

Please follow the advice below, after surgery until recovery is complete:

- No household chores e.g., Hoovering, standing to cook, cleaning etc.
- No shopping e.g., walking to or from the shops, carrying bags and walking up and down shops aisles.
- No walking the dog
- No looking after young children or elderly relatives
- No driving: you will be required to wear a hospital sandal shoe and pain may remain. Research indicates your normal foot reaction time does not return until about 8 weeks after surgery.

Time off work - even if you have a 'sitting job' you must be able to raise your foot at a height that will help drain swelling whilst sitting. The nature of your work will determine when you are able to return, we suggest that you consider the following:

- How you travel to and from work?
- Do you stand or walk at work?
- If possible, can you work shorter or fewer days?
- Can you work from home?

Please note:

You are best on your feet for very short periods at a time rather than single longer periods. Being on your feet after surgery will risk more swelling which in turn can make you feel very uncomfortable and delay recovery. When sitting always raise your foot as high as is comfortable, you should continue to do this for at least 6 weeks after surgery.

Going home:

Your foot and ankle will be bandaged. You will be able to walk on the heel of your foot and you will wear a special sandal and possibly use crutches. At home, it is important to rest for the first few weeks to help swelling settle. You should restrict normal activities as suggested. You must keep your bandage dry. The bandage does not need to be changed until your first clinic appointment. You should attempt careful bathing around your leg foot and ankle.

Will I have to come back to hospital?

Care after surgery:

10 - 14 days after your surgery:

- You will attend outpatient clinic.
- Surgical wound check and dressing change.
- You may have a further x-ray.
- You will continue to weight bear using the hospital sandal shoe, restrict your activities and raise your foot until your next appointment.
- Bathing advice may be given at this time.

6 - 8 weeks after your surgery:

- You will attend outpatient clinic.
- You will have an x-ray.
- At this stage you should be able to start weight bearing and increase your level of activity. If swelling is improving, you will be able to wear your own footwear again.

How soon will I be able to resume normal activities?

After 6- 8 weeks:

- You will start to walk normally and return to wearing regular footwear. It is normal to have some swelling, and this may last for several months but should gradually settle. Your toe may be stiff to start with however this normally improves with time and guided exercise.
- Gentle exercise can be resumed when comfortable.
- It may take 3-6 months for you to be back to your normal level of activity where you will be able to run, stand all day or carry out a large supermarket shop. However, every person is different.
- We do not expect you to have any long-lasting problems however foot surgery is a complex procedure and may take months to fully settle.

When can I return to work?

This depends on the type of work you do and the operation you have had. Most people need six weeks off work. After two weeks if you have an office job and can be seated with the foot elevated, you may feel able to return for short days. For jobs which require standing for long periods or wearing work boots it can take up to three months.

Driving

After most foot and ankle operations, you cannot drive for six weeks. If your right foot is operated on and you have a manual car, you must not drive while in a plaster or special shoe. After this, you must be comfortable and not too stiff before trying to drive. Start by sitting in the car and trying the pedals and then drive round the block. Drive short distances before long ones. Remember, if you cannot safely make an emergency stop, your insurance will not cover you in the event of an accident. When you return to driving you must let your insurance company know that you have had an operation.

What are the potential risks and side effects?

Foot and ankle surgery carries risks, though risks are small they can and do happen. Overall, around 80% (8 out of 10) of patients have good or excellent results from foot surgery. However, consider these risks before you decide to have the surgery. Common complications are listed below:

- Pain
- Reoccurrence - bunions can return after surgery. However, they may not be as problematic as they were before surgery.
- Non or malunion – poor bone healing requiring revision surgery.
- Stiffness or swelling - this can last up for months after surgery.
- Wound healing problems
- Infection
- Nerve or vessel damage - painful scarring, numbness, or nerve damage

- Thromboembolism - blood clots which can travel to the lung (pulmonary embolism)
- Anaesthetic risks

What are the expected benefits of treatment?

Surgery aims to reduce deformity and improve big and smaller toe alignment, reduce bunion pain and risk of deformity related hard skin or wounds. It should allow for improved footwear comfort and choice of shoes.

What should I do before I come into hospital?

You will be provided with pre-operative advice if surgery is agreed. A leaflet 'Preparing for Foot and Ankle Surgery' will be issued to you.

Summary & Contact information

This leaflet aims to provide you with all the information regarding Bunions and treatment options.

Once you receive this leaflet you have six months to consider your options. No further appointment will be made for you.

If you wish to take no action initially but discuss your options after six months, you will need to return to your GP and request a re-referral.

You should now consider what options are best for you?

1. Self-management: utilising the non-surgical treatments listed above. This approach requires no further appointments.
2. Surgical consideration: you have exhausted non-surgical treatments and are unable to manage normal daily activities, exercise or work despite treatments.

If you wish to proceed with surgery within six months of receiving this leaflet

- Contact the Podiatry team to speak with a clinician: we will discuss by telephone or video call, your request and refer you onwards for consideration of surgery. We cannot guarantee surgery as this a choice between you and your consultant surgeon.
- Tel: 0300 1314536 or Email: esh-tr.PodiatryEnquiries@nhs.net (please supply a photo of your bunion, taken from above your foot)

If you wish to proceed with surgery after 6 months of receiving this leaflet

- Discuss with your GP that you have read this leaflet and tried non-surgical treatments and would like to be considered for surgery. An X-ray will be organised and a new referral will be made to the surgical team.

Consent

Although you consent for this treatment, you may at any time after that withdraw such consent. Please discuss this with your medical team.

Important information

The information in this leaflet is for guidance purposes only and is not provided, to replace professional clinical advice from a qualified practitioner.

Your comments

We are always interested to hear your views about our leaflets. If you have any comments, please contact the patient experience team on 0300 131 4784 or esh-tr.patientexperience@nhs.net.

Hand hygiene

We are committed to maintaining a clean, safe environment. Hand hygiene is very important in controlling infection. Alcohol gel is widely available at the patient bedside for staff use and at the entrance of each clinical area for visitors to clean their hands before and after entering.

Other formats

If you require any of our leaflets in alternative formats, such as large print or alternative languages, please contact the Equality and Human Rights Department on 0300 131 4434 or esh-tr.AccessibleInformation@nhs.net

After reading this information are there any questions you would like to ask? Please list below and ask your nurse or doctor.

Reference

The following clinicians have been consulted and agreed this patient information:
Graeme Hadlow MSK Advanced practitioner

The directorate group that have agreed this patient information leaflet:
CHIC Governance Group

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Responsible clinician/author: Graeme Hadlow MSK Foot & Ankle Advanced Practitioner

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