



Bunions (Hallux Valgus)

What is Hallux Valgus?

Hallux valgus, commonly known as a bunion, is a foot deformity where the big toe points towards the other toes on the same foot, causing a bump on the side of the big toe joint. This condition can lead to pain, swelling, and discomfort, especially when wearing shoes.



Causes of Hallux Valgus

Several factors can contribute to the development of hallux valgus, including:

- **Genetics:** Bunions can run in families, meaning you might inherit a tendency to develop them.
- **Footwear:** Wearing tight, narrow, or high-heeled shoes can put pressure on the toes and contribute to bunion formation.

- **Foot Structure:** Certain foot types, such as flat feet or overly flexible joints, are more prone to developing bunions.
- **Arthritis:** Conditions like rheumatoid arthritis can increase the risk of bunions.

Symptoms of Hallux Valgus

Common symptoms of hallux valgus include:

- **Pain and tenderness:** The affected area might be sore and sensitive to touch.
- **Swelling:** The bump on the side of the big toe joint may become swollen and red.
- **Difficulty walking:** You might experience discomfort while walking or wearing shoes.
- **Changes in the shape of the foot:** The big toe may start to lean towards the other toes, causing the foot to appear misshapen.

Diagnosis of Hallux Valgus

Diagnosis is made through a physical examination of your foot and confirmed with X-rays to understand the severity of the bunion and to check for any changes in the bones and joints.

Non-Surgical Treatments

- Footwear: Choose shoes that have a wide toe box and provide good support. Avoid high heels and tight shoes.
- Padding and Taping: Pads can help reduce pressure on the bunion, and taping can help keep the foot in a normal position.
- Orthotics: Custom-made shoe inserts can provide support and relieve pressure on the bunion.

Surgical Treatments

Surgical options include:

- Osteotomy: Cutting and realigning the bones to correct the deformity.
- Arthrodesis: Fusing the bones together to correct severe bunions. (Please see the leaflet on 1st MTPJ Arthrodesis for more information)

Surgery is usually recommended for severe cases where the bunion causes significant pain or difficulty in walking.

What will my surgery entail?

- Surgery is conducted as a day case procedure, meaning that you will go home on the same day.
- The anaesthetist will talk to you about the different anaesthetic options available to you ensuring that it is individualised to your specific wants and needs.
- The surgery involves an incision being placed on the inside of your foot along the length of the 1st metatarsal, across the joint and onto the proximal phalanx.
- The bump on the side of the toe is removed and an osteotomy performed

which re-aligns the toes. This is held in place with a screw. Sometimes an additional osteotomy is required in the proximal phalanx, called an Akin Osteotomy, to correct the toe further.

- The incision is closed and the foot is wrapped in a bulky bandage which will remain on for 2 weeks. You will be able to walk straight away after the surgery but with most of your weight through your heel in a custom shoe.

What can I expect post-operatively?

- You will be in your post-op shoe for 6 weeks total which will allow heel weight-bearing only.
- After 2 weeks you will require a wound at which point the bulky dressing can be removed. At this point the wound will most likely be healed but you may require a few more days with a small dressing on to ensure that the wound is fully healed. Once healed you will be able to get the wound wet.
- At 6 weeks following surgery you will require a weight bearing X-ray of your foot to confirm that the bones are healing well. They are not expected to be fully healed at this point.
- If all is well at the 6 weeks check you can start to wear normal supportive footwear.
- It is normal for the foot and especially the big toe to remain swollen for 3-6 months following surgery.
- It is normal for you to experience some pain in the toe from time to time for the first 3-6 months. You are expected to return to your normal level of function at 3-6 months.