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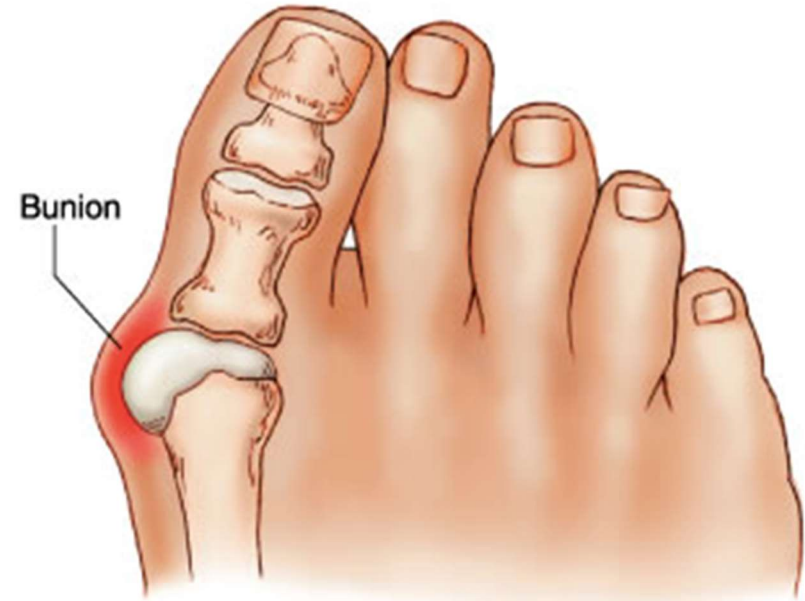
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Bunion (hallux valgus)

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What is a bunion?

The medical name for a bunion is hallux valgus. It is an obvious lump at the base of your big toe, caused by the joint at the base of the big toe deviating towards the second toe.

There can be several causes of this deformity, though in many cases it is not exactly clear why a bunion develops, but most often is caused by an inherited faulty mechanical structure of the foot. It can run in families and is more common in women than men. Poor-fitting footwear, such as narrow shoes and high heels, can also make the problem worse. Some people may notice a change in their foot shape but may never feel pain.

What are the symptoms?

Symptoms most often occur when wearing shoes that crowd the toes (narrow toe box). Long periods of time on your feet can also aggravate the symptoms.

Symptoms may include:

- Pain or soreness
- Inflammation and redness
- A burning sensation
- Wounds or ulcers

Further Information

We endeavour to provide an excellent service at all times, but should you have any concerns please, in the first instance, raise these with the Matron, Senior Nurse or Manager on duty.

If they cannot resolve your concern, please contact our Patient Experience Team on 01932 723553 or email asp-tr.patient.advice@nhs.net. If you remain concerned, the team can also advise upon how to make a formal complaint.

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Useful Links

British Orthopaedic Foot and Ankle Society (BOFAS)

<https://www.bofas.org.uk>

Offers a list of all surgeons carrying out specialist foot and ankle surgery across the UK as well as patient information.

Arthritis Research UK / Versus Arthritis

<https://www.versusarthritis.org/>

Phone: **0300 790 0400**

Offers a wide range of information and articles as well as a selection of self-help booklets which can be downloaded on the Internet.

National Rheumatoid Arthritis Society (NRAS)

<https://www.nras.org.uk>

Phone: **0845 458 3969** Helpline: **0800 298 7650**

Email: enquires@nras.org.uk

Provides information and support for people with rheumatoid arthritis (RA) and juvenile idiopathic arthritis (JIA), their families, friends and carers.

What is the initial treatment?

Many patients will find their symptoms well controlled with the use of wider fitting shoes (wide toe box). Try to avoid high heels, which put more weight onto the ball of your foot and put the toes under more pressure.

In addition to appropriate footwear, some other treatment options are bunion shields/padding and custom insoles/orthotics, all of which aim to reduce friction and pressure.

If conservative treatment fails to control symptoms, then bunion surgery can be considered.

Bunion Surgery

Who needs bunion surgery?

Bunion surgery should be considered in patients with severe pain or deformity that is impacting on their life, and in those suffering recurrent ulcerations over their bunion.

What does it involve?

There are several options for bunion surgery. These may include reshaping the foot (breaking and resetting the big toe bones), removing the bone prominence, or potentially fusing the big toe joint (removing all movement across that joint).

Benefits of surgery

After surgery your big toe will be straighter, your foot will be narrower and there will be less pressure on the inside of your big toe.

For the majority of patients, their pain and disability will be significantly improved.

Risks of surgery

As with all surgeries, there are associated risks:

- Persistent pain or stiffness in the foot
- A blood clot in the leg (deep vein thrombosis) (low risk)
- Over or under-correction of the deformity or non-union of the bones, which might lead to another operation.
- Infection (might require surgery if the infection is deep)
- Scar sensitivity (deep tissue massage daily for 3 months is advised after the wound has healed)
- Recurrence of deformity (might require revision surgery)
- Some patients might benefit from insoles after surgery

What happens after surgery?

Patients will usually go home on the same day or - rarely - spend one night in hospital.

You will be fully weight bearing from day one post-operatively in an appropriate shoe for 6 weeks.

For the first 1-2 weeks after surgery, you should try to rest and elevate the foot.

You may start driving again after 6-8 weeks, when you are back in your normal footwear. Sometimes, it might take up to 12 weeks to be able to drive. You must be able to make a safe emergency stop before resuming driving and should inform your insurance company.