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Forefoot-Great Toe Bunion

[*Hallux Valgus*]

What is a Bunion (*Hallux Valgus*)?

Hallux valgus is the *latin* descriptive name of a bunion. Contrary to popular belief it is only not just a growth of bone on the side of the big toe. It is a drift in the actual angle that the bones (hence toe) point, causing the prominence that is seen and felt.

It is a condition commoner in women and seems to be multifactorial in its cause. Often no background cause is established. Contributory factors include

- An inherited tendency,
- Flat feet,
- Rheumatoid arthritis
- Being double jointed (*Generalised ligamentous Laxity*).
- It is recognised that any tendency is exaggerated when narrow, more pointed shoes are worn routinely.

Great Toe deviation with prominent Bunion **PHOTO**

After correction with SCARF/AKIN Osteotomy.

PHOTO

Symptoms experienced can be: -

- Direct rubbing related inflammation of the prominence in footwear.
- Painful toenail edges
- Painful skin corns (Keratosis) under the big or lesser toes
- Pain in the joint itself if associated with arthritis of the joint.
- Deformity of the foot

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- Pain. Irritation, callus or deformity of the 2nd toe

Is there a difference between this and Arthritis of the Great Toe?

Arthritis of the great toe joint (*Hallux Rigidus*) refers to damage of the cartilage itself resulting in extra bone prominences all around the joint itself. This is seen and felt both on the inner aspect but also on top and all the way round.

Halllux rigidus is inherently painful even barefoot and treatment regimes are different from *hallux valgus.*

It is possible to have both *hallux* ***valgus*** and *hallux* ***rigidus***

How are bunions assessed?

An initial clinic appointment will involve establishing the history and symptoms of the foot.

- An understanding of **your expectations** with respect to mobility, sport, work and shoewear.
- **Any underlying medical problems,** medications or allergies must be brought to the attention of your surgeon. They can influence the safety of treatments and subsequent results
- A full examination is followed by assessment of up to date (Usually weightbearing) X-rays to establish the degree of deformity and any associated arthritis or concurrent problem.
- On occasions further scans or blood tests may be required

What are the Treatment Options of Hallux Valgus?

1. Without an operation

Simple measures can often be very effective in the early stages and sufficient in the more severe cases where patients wish.

- Wider 'toe box' shoewear to allow space for the prominence
- Avoiding High Heel or pointed shoes
- Bunion spacer –
    - Protects from 1st-2nd toe rubbing
    - Improves alignment

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- Toe alignment splint Larger volume shoes to accommodate prominences.

A **Podiatry assessment** can be sought with a view to establishing any contributory biomechanical factors from your foots posture or function.

- **Orthoses** (insoles) can be of good benefit. Any corns can be attended to with local techniques. On occasions a bespoke shoe can be made to accommodate the deformity if severe.

Simple painkillers and anti-inflammatories can help settle an acute flare up.

These measures are often sufficient but can take time to settle symptoms. They should be strongly considered (if not tried) before discussing surgical correction.

There are of course both medical and social reasons why many people may choose to persist with these treatments rather than adopt surgery even with only partial relief.

2. With An Operation

Surgery should only be undertaken if your symptoms are significant, and the simple treatments above have failed to control your pain.

There are over 100 different described techniques for treating hallux valgus and surgeons even today use different procedures depending on training and experience. Depending on your stage and assessment I am likely to suggest one of 4 principle techniques.

a. **Simple bunionectomy (*Cut off the bone lump*) and soft tissue correction –** This is reserved for a limited number of cases where the prominence is substantial and the alignment deformity very mild

b. **SCARF +/- AKIN Osteotomies -** This is a recognised standard and one of the most commonly performed procedures for the treatment of symptomatic moderate to severe hallux valgus. It involves: -
   i. **SCARF Osteotomy-** Cutting the metatarsal bone with a saw through the side before translating one section over the other to improve the alignment. This is then secured with some metal screws.

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ii. **AKIN Osteotomy –** Cutting a cheese wedge shaped piece of bone out of the side of the proximal phalanx (base of great toe bone) before closing the gap, straightening the toe, secured with metallic staple.

(See earlier xray images)

c. **LAPIDUS fusion correction –** Correcting the angle by fusing the joint in the midfoot. This is reserved for the more severe hallux valgus often with associated ligamentous laxity, flat foot or joint arthritis.

d. **1st MTPJ fusion –** Fusing the joint at the base of the great toe (**M**eta**T**arso**P**halangeal **J**oint) straight with screws. This is undertaken in the presence of both hallux **valgus** and hallux **rigidus**

What is the likely recovery from surgery?

- You will need strong tablet painkillers for about 2 days but sometimes lesser painkillers for the 1st 2 weeks (e.g. Paracetamol)
- For the first 2 weeks you must strictly rest and elevate the foot in order to prevent swelling and allow the wound to heal
- You may need crutches or a walking stick initially
- For 6 weeks you will wear a special Heel wedge shoe that protects the toe whilst the bone cuts heal much like a fracture would.
- After about 6 weeks there is a weaning period into normal shoes begins.
- It can take 8 or more weeks – months for toe to get used to its new alignment and overall new posture. The foot will bear weight in a new way and you must allow time for this to be got used to.

Further information on these details is available on separate dedicated information pages.

What are the risks of surgery?

Risks vary with the different operative techniques and will be gone through in detail by your surgeon prior to obtaining consent to proceed. They include

Bleeding
Infection
Nerve damage
Fracture
Metalwork problems
Non-union
Stiffness
Recurrence

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Loss of toe
Thrombosis (DVT/PE)
Complex pain reaction
Local Bone death (Avascular Necrosis)

Further information on these details is available on separate dedicated pages.

For these reasons we strongly counsel against surgery to correct a bunion for purely cosmetic reasons.

Experience and evidence has shown that 80-85% of people are satisfied with their outcome from bunion surgery.

What are the alternatives

A number of operations have been described historically including joint replacement or joint excision and other osteotomies. If appropriate for your case they will be discussed by your surgeon.

Surgery for painful hallux valgus has a satisfaction rate of approximately 80% and hence we *do not recommend bunion correction for cosmetic reasons* or as a preventative measure against deterioration. The recovery from this type of surgery is also strongly influenced in our opinion by smoking. For this reason I counsel against proceeding unless someone has quit for over 2 months.