

Surgical Referral for Hallux Valgus (Bunions)

Scope

This policy covers the criteria for referral of patients for consideration of surgery in management of symptomatic hallux valgus (bunions). Minimally invasive surgeries are not covered by this policy as the evidence for safety is inadequate⁷.

Policy

It is the responsibility of referring and treating clinicians to ensure compliance with this policy. Referral proforma should be attached to the patient notes to aid the clinical audit process and provide evidence of compliance with the policy. For patients not meeting the policy criteria, clinicians can apply for funding to the Exceptional Cases Panel by completing the exceptional funding section of the referral proforma: *Click policies to access the CCG clinical policies web page: [policies](#) – select the Orthopaedic Surgery Policies drop down option and select the Bunions Policy to access the referral proforma.*

The CCG will **ONLY** fund referral for consideration of hallux valgus surgery in patients meeting the following criteria:

1. Referral is **NOT** being made for cosmetic purposes.
2. Patients have **persistent symptoms despite at least 6 months of conservative management.**
3. Symptoms should include:
 - a. significant persistent pain **preventing activities of daily living; AND/OR**
 - b. severe deformity **greater than 25 degrees** leading to inability to wear suitable shoes; **AND/OR**
 - c. recurrent ulcers and infections at site of bunion or sole of foot.

Prior conservative management must include **ALL** of the following:

- a. modification of footwear: avoidance of high-heeled shoes, wearing wide cut or specially altered shoes with increased medial pocket to minimise deforming forces; **AND**
- b. externally fitted devices to improve alignment and reduce irritation, eg orthoses and bunion pads; **AND**
- c. stretching exercises to improve/maintain joint flexibility; **AND**
- d. ice and elevation for pain and swelling; **AND**
- e. optimum analgesia.

Diabetic patients should be referred to diabetic services.

Smoking

Patients who smoke should be advised to attempt to stop smoking and referred to stop-smoking services – see [stop smoking policy](#).

Rationale and Evidence

Hallux valgus (bunions) occurs when the great toe deviates away from the midline of the body. It often occurs with a degree of rotation of the bones of the great toe in relation to the rest of the foot.

It is estimated that 23% of 18 - 65 year olds have bunions, with females affected more than males¹. Whilst some people remain asymptomatic, the bony deformity can cause pain and discomfort for others due to swelling, change in bony structure, and ulceration.

The risk of post-surgical complications is up to 50%, with a rate of recurrence of 16%³. Conservative management is recommended prior to consideration of a surgical referral.

NICE CKS and UpToDate recommend surgical referral if patients have debilitating symptoms despite a period of conservative management^{4, 5, 6}. Patients must be prepared to undergo surgery understanding that they will be out of sedentary work for 2 - 6 weeks and physical work for 2 - 3 months and they will be unable to drive for 6 - 8 weeks (2 weeks if left side and driving an automatic car).

References

1. Nix Sheree, Smith Michelle and Vicenzino Bill. Prevalence of hallux valgus in the general population: a systematic review and meta-analysis [Journal]// J Foot Ankle Res. 2010; 3: 21.
2. Torkki Markus [et al]. Surgery vs Orthosis vs Watchful Waiting for Hallux Valgus - A Randomized Controlled Trial [Journal]// JAMA. 2001;285(19):2474-2480. doi:10.1001/jama.285.19.2474.
3. Raikin S M, Miller A G and Daniel J. Recurrence of hallux valgus: a review. [Journal]// Foot Ankle Clin. 2014 Jun;19(2):259-74. doi: 10.1016/j.fcl.2014.02.008. Epub 2014 Mar 29.
4. Ferrari Jill UpToDate - Hallux valgus deformity (bunion) [Online]. 11 May 2015. August 2016. https://www.uptodate.com/contents/hallux-valgus-deformity-bunion?source=search_result&search=bunions&selectedTitle=1~23
5. NICE CKS - Bunions [Online]. August 2016. <http://cks.nice.org.uk/bunions>.
6. Ferrari Jill Bunions [Journal]// BMJ Clinical Evidence, 2009, 1112.. [s.l.]: BMJ Clin Evid. 2009; 2009: 1112.
7. NICE Guidance IPG332: Surgical correction of hallux valgus using minimal access techniques, Feb 2010.

Glossary

Arthroplasty:	Surgery to relieve pain and restore range of motion by realigning or reconstructing a joint.
Bunionectomy:	Excision of a bunion.
Hallux Valgus:	Bunion.
Orthoses:	Externally applied device designed and fitted to the body to control biomechanical alignment, correct deformity and improve foot mechanics.
Osteotomy:	Incision or transection of a bone.

Policy effective from	New policy approved by CEC 24 January 2017. New policy approved by CPF on 10 January 2017. January 2017
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