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## Information Sheet

# BUNIONS (HALLUX VALGUS)

### What is a bunion?

Bunions, or hallux valgus, occur when the big toe deviates towards the lesser toes. This is usually associated with a prominence on the inner side of the foot, which is the bunion itself (see picture). The prominence is not as a result of extra bone forming, but occurs as the two bones of the big toe, the metatarsal and proximal phalanx, angle away from each other. Also, the 1<sup>st</sup> metatarsal angles away from the 2<sup>nd</sup>, causing an increase in the intermetatarsal angle.



### What causes bunions?

There have been a number of theories as to why bunions occur. There is often a strong family history, particularly when they occur in younger patients. They can also be associated with poorly fitting shoes and may occur as a result of an imbalance in the muscles of the foot. There may be associated arthritis of the big toe (see section on hallux rigidus). The bunion can, however, exist in the absence of any significant arthritis.

### What are the symptoms of Hallux Valgus

The most common symptom is pain. This usually occurs in the region of the bunion, although can occur under the ball of the foot, known as transfer metatarsalgia. This occurs as a result of a failure to take weight through the big toe as a result of the deformity. Other symptoms include problems with footwear and corns and callosities due to the misshapen toes.

### What is the treatment of Hallux Valgus?

- Non surgical treatment – this involves modification of footwear, usually in the form of wider shoes with a high toe box to accommodate any hammer toes. Various forms of padding can be used to control the symptoms, although there is no evidence that the splints will reverse the process of the hallux valgus once it begins.
- Surgical treatment - over the last 100 years, more than 100 surgical procedures have been described to treat hallux valgus! At the Dorset Foot and Ankle Clinic, we use the latest surgical techniques to ensure the best possible results. The type of hallux valgus that you have will determine the nature of the surgery that you undergo and this will be discussed with you by Mr Farrar and Mr Taylor. The most common procedures that we perform are briefly described below. Further details of these procedures can be found in the ‘**About Your Operation**’ section.

### Chevron & Mitchell’s Osteotomy

This procedure involves making a cut at the end part of the 1<sup>st</sup> metatarsal just below the bunion itself. These techniques are used for mild to moderate deformities that do not require as extensive an operation as the Scarf osteotomy. The osteotomy is stabilised with a single screw and you may or may not require to be in Plaster of Paris post-operatively.

### Scarf osteotomy

This involves making a cut in the 1<sup>st</sup> metatarsal with a fine saw in a controlled manner. It allows an excellent correction of the divergent 1<sup>st</sup> and 2<sup>nd</sup> metatarsals. The osteotomy is stabilised with two screws. We may also perform an Akin osteotomy, which is a small wedge cut at the base of the big toe to bring the toe to a straighter position.

### Lapidus fusion

This is a procedure reserved for the most severe hallux valgus deformity. It is also used in patients with hyper-mobile joints. It involves fusing a joint in the middle part of the foot, near the instep, which is stabilized with screws or staples.

### Beware!

A number of procedures for hallux valgus are now considered out of date. In particular these include a simple bunionectomy and a Keller’s procedure. The bunionectomy involves simply shaving the bump on the inner part of the foot. The long term results, however, are usually disappointing with rapid recurrence of the deformity. The Keller’s procedure again is a rather old fashioned procedure that is used only for the most severe deformity in immobile patients. This is not a procedure that we would recommend for patients who are active as the results are often very disappointing.