

# Evidence Based Intervention

## Bunion Surgery

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## Policy: Hallux Valgus (Bunion) surgery

Hallux valgus (often referred to as a bunion) is the deviation of the big toe (the hallux) away from the mid-line towards the lesser toes. The metatarsal head drifts towards the midline and this together with its overlying bursa and inflamed soft tissue is known as the bunion, which causes pain and rubbing on shoes. They also often cause marked lesser toe deformities. Hallux valgus is common with a standardised prevalence of 28.4% in adults over 40 years.

Bunions can cause varying degrees of pain with limitation of function and mobility as an effect of pressure from shoes over the medial prominence of the metatarsal head. Conservative management such as orthoses does not always help to recover from symptoms and improve the long-term outcome. Surgical intervention can bring significant improvements in symptoms and clinical parameters.

Requests for the removal of bunions will only be funded where the patient meets the following criteria:

- Repeated episodes of ulceration or infection  
OR
- The patient suffers moderate to severe joint pain (or any pain under the ball of the foot), with significant functional impairment as a result of the bunions (including inability to wear suitable shoes) and causing a severe impact on their ability to undertake activities of daily living and will therefore gain significant benefit from the surgery.  
AND
- Conservative methods of management, attempted over a 3-month period, have failed. These include wearing appropriate shoes and non-surgical treatments such as bunion pads, insoles and shields, splints, simple analgesia, and exercises where appropriate.
- AND
- A shared decision-making process has been followed and the patient is 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 foot and driving an automatic car)

The Herts and West ICB **will not** routinely fund surgery for bunions when the indication is primarily cosmetic. Patients should not be referred into secondary care or a Community Podiatric service for cosmetic or prophylactic reasons.

Minimal access techniques will not be funded. These must only be undertaken as part of a research project or where special arrangements for audit are in place. (NICE IPG 332)

## References:

Surgical correction of hallux valgus using minimal access techniques (IPG332) Feb 2010  
<https://www.nice.org.uk/guidance/ipg332/chapter/1-Guidance>

Royal College of Surgeons and British Orthopaedic Association. (2017). Commissioning guide: Painful deformed great toe in adults. Available online at: <https://www.rcseng.ac.uk/-/media/files/rcs/standards-and-research/commissioning/boa--painful-deformed-great-toe-guide-2017.pdf>

NICE (2021) Bunions. Clinical Knowledge Summary. Available online at:  
<https://cks.nice.org.uk/topics/bunions/>



### Change History:

Version	Date	Reviewer(s)	Revision Description

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