

Commissioning Statement:

Condition or Treatment:	Hallux Valgus (Bunions)
Background	Degeneration of the small joints of the toes and feet is a common problem. It is often caused by inappropriate footwear. It can usually be managed conservatively by changing footwear. Surgery is sometimes sought to avoid the need to change footwear or for cosmetic purposes.
Commissioning position:	<p>Referral for surgery for bunions will only be considered when the following criteria are met:</p> <ul style="list-style-type: none"> • the patient has been referred to a podiatrist and conservative management has failed (including avoiding high heels, exercises, applying ice, appropriate analgesia, non-surgical treatment) <p>AND</p> <ul style="list-style-type: none"> • the patient suffers from severe deformity that causes significant functional impairment <p>OR</p> <ul style="list-style-type: none"> • the patient suffers from severe pain that causes significant functional impairment <p>OR</p> <ul style="list-style-type: none"> • there is recurrent or chronic ulceration (or infection) due to the deformity <p>OR</p> <ul style="list-style-type: none"> • there is recurrent or chronic bursitis or tendinitis at the first metatarsal head due to the deformity <p>Exclusions:</p> <p>If the patient has diabetic peripheral neuropathy or suspected osteomyelitis and a foot lesion may lead to amputation of a toe or foot, there is no restriction and prompt referral using appropriate local pathways is required.</p> <p>This policy does not affect the existing diabetic foot pathway</p> <p>This policy does not apply to surgery to correct deformity due to acute trauma.</p> <p>Before referral patients must be informed that:</p> <ul style="list-style-type: none"> • They will be unable to drive for 6-8 weeks • It will take at least a further 2 months to regain full function • They will be out of sedentary work for up to 6 weeks and out of

	<p>physical work for up to 3 months</p> <ul style="list-style-type: none"> • The prognosis for treated and untreated Hallux Valgus is very variable • Recurrence of deformity occurs in 8-15% patients • There is very little good evidence with which to assess the effectiveness of either conservative or operative treatments or the potential benefit of one over the other
Effective From:	1 July 2021
Summary of evidence/ rationale:	<p>NICE CKS makes clear that referral for bunion surgery is indicated for pain and is not routinely performed for cosmetic purposes.</p> <p>Conservative treatment may be more appropriate than surgery for some older people, or people with severe neuropathy or other comorbidities affecting their ability to undergo surgery.</p> <p>Referral for orthopaedic or podiatric surgery consultation may be of benefit if the deformity is painful and worsening; the second toe is involved; the person has difficulty obtaining suitable shoes; or there is significant disruption to lifestyle or activities.</p> <p>If the person is referred for consideration of surgery, advise that surgery is usually done as a day case. Bunion surgery may help relieve pain and improve the alignment of the toe in most people (85%–90%); but there is no guarantee that the foot will be perfectly straight or pain-free after surgery.</p> <p>Complications after bunion surgery may include infection, joint stiffness, transfer pain (pain under the ball of the foot), hallux varus (overcorrection), bunion recurrence, damage to the nerves, fractures, metalwork removal and continued long-term pain.</p> <p>There is very little good evidence with which to assess the effectiveness of either conservative or operative treatments or the potential benefit of one over the other.</p> <p>Untreated Hallux valgus in patients with diabetes (and other causes of peripheral neuropathy) may lead to ulceration, deep infection and even amputation.</p>
Date:	January 2020
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Additional Information/References:

1. NICE Clinical Knowledge Summaries (2016) <https://cks.nice.org.uk/topics/bunions/>

2. Royal College of Surgeons Commissioning guide: Painful deformed great toe in adults.(2017) <https://www.rcseng.ac.uk/library-and-publications/rcs-publications/docs/painful-deformed-toe/>
3. Abhishek A; Roddy E; Zhang W; Doherty M. Are hallux valgus and big toe pain associated with impaired quality of life? A cross-sectional study. Osteoarthritis Cartilage 2010 Jul;18(7):923-6 <https://pubmed.ncbi.nlm.nih.gov/20417286/>
4. Nix S; Smith M; Vicenzino B. Prevalence of hallux valgus in the general population: a systematic review and meta-analysis. J Foot Ankle Res 2010;3:21 <https://jfootankleres.biomedcentral.com/articles/10.1186/1757-1146-3-21>
5. NICE Surgical correction of hallux valgus using minimal access techniques. 332. London: National Institute for Health and Clinical Excellence; 2010. <https://www.nice.org.uk/Guidance/IPG332>
6. Ferrari J; Higgins JP; Prior TD. Interventions for treating Hallux Valgus (abductovalgus) and bunions. Cochrane Database Syst Rev 2009;(1):CD000964 <https://pubmed.ncbi.nlm.nih.gov/14973960/>
7. Saro C; Jensen I; Lindgren U; Fellander-Tsai L. Quality-of-life outcome after hallux valgus surgery. Qual Life Res 2007 Jun;16(5):731-8 <https://link.springer.com/article/10.1007/s11136-007-9192-6>