

Bunion surgery (hallux valgus)

Trauma and Orthopaedics

Information for patients and carers

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What is hallux valgus?

Hallux valgus is a condition where the big toe (hallux) moves towards the other toes. This causes a lump, called a bunion, to form on the side of the big toe.

A bunion isn't usually a result of extra bone formation. Instead, it happens when the bone of the first metatarsal sticks out.



What are the causes?

Around 15 to 30% of people develop a bunion at some point of their life. They can run in families, but this doesn't mean your children will inevitably have one.

Wearing tight or poorly fitting shoes can make the problem worse. They put extra pressure on the big toe joint and cause friction on the overlying skin.

Bunions can be linked to:

- joint problems, like osteoarthritis or rheumatoid arthritis
- injury
- muscle imbalance

What are the symptoms?

Not all bunions are painful. The main problem is caused by the pressure of the shoe. This causes discomfort or pain as the skin over the lump becomes red, blistered, or infected. Sometimes a fluid-filled sac, called a bursa, develops over the joint.

The big toe sometimes tilts over so much that it rubs against the second toe or pushes it up out of place. This results in the second toe becoming deformed (hammer toe) and it presses against the shoe.

The big toe does not work as well with a bunion, and the other toes take more of the weight of the body as you walk. This can cause pain under the ball of the foot (transfer metatarsalgia). The lesser toe joints can also become contracted, and corns or ulcers may develop from the pressure of your shoe on the skin.

Sometimes arthritis develops in the deformed joint, causing pain in the joint.

How are bunions treated?

Non-surgical treatment

This may include:

- wearing comfortable, wide-fitting shoes
- avoiding high heels because they squeeze the foot into the front of the shoe
- using a small pad placed over the bony lump
- using a toe spacer

Surgical treatment

If footwear changes don't help, you may be offered surgery.

Surgery aims to:

- realign and re-balance the first toe
- relieve pain – and not for cosmetic reasons

The operation is performed under a general anaesthesia, and a local anaesthetic is used to reduce the pain after the operation. This can be done as a minimally invasive surgery (MIS) or as an open procedure.

What is a Scarf and Akin osteotomy?

This procedure involves 2 operations being performed at the same time.

A **Scarf** osteotomy involves breaking the big toe to improve the alignment, removing the bunion, then fixing the bones back together with screws.

An **Akin** osteotomy involves breaking the side of the big toe bone, then fixing it with a screw. It is not always necessary to perform the akin osteotomy.



The minimally invasive surgery (MIS), Scarf and Akin osteotomy, involves 3 to 4 small stab incisions being made.

The osteotomies are performed using a small burr (surgical instruments) under X-ray guidance.

The bones are realigned and fixed in place using screws.



The open procedure involves a cut along the side of the big toe to expose the bones.

Cuts are made to the bones to allow them to be re-aligned and fixed using screws.

The screws are buried within the bone and can't be seen or felt under the skin. They do not usually need to be removed following surgery.

Severe deformities and arthritic joints can be treated with a fusion operation.

Surgery can also be combined with the shortening and straightening of the lesser toes to deal with deformities.

Can I walk after the operation?

After the operation, you will be able to walk with the special shoe and crutches. You should not walk for more than 15 minutes per hour for 6 weeks.

At all other times, it is important that your foot is raised above the level of your heart to control the swelling in your foot.

After 6 weeks, stiff-soled shoes or trainers will need to be worn for another 6 weeks.

What are the risks?

Foot surgery has some general risks, including:

- infection
- scarring
- swelling
- numbness
- blood clots

The main risk is that the bones fail to fuse. This risk is increased in patients who:

- are diabetic
- have rheumatoid arthritis
- smoke

It is important to stop smoking before the operation and during recovery.

Will I be able to wear normal shoes?

Once your foot has fully healed, you will be able to wear normal shoes. It's recommended that you wear stiff-soled shoes for support.

Further information

Please let staff know of any concerns or questions you may have. We will do our best to answer your queries quickly.