SURGERY FOR HALLUX VALGUS

NHS Wakefield Clinical Commissioning Group

POLICY STATEMENT	**COMMISSIONING POLICY**
STATUS	**CRITERIA TO GUIDE CLINICAL JUDGEMENT**
PROCEDURE /TREATMENT	**SURGERY FOR HALLUX VALGUS**
	A bunion is a deformity of the joint connecting the big toe to the foot and is known as hallux valgus. It is characterized by medial deviation of the first metatarsal bone and lateral deviation of the hallux (big toe).
EXCLUSIONS	Where **URGENT** referral via existing diabetic foot pathway is required.

ELIGIBILTY CRITERIA	• Patient has been seen, assessed and treated within podiatry services.
	• All appropriate conservative measures have been tried over a 6-month period and failed to relieve symptoms, including up to 12 weeks of evidence based non-surgical treatments, i.e. Analgesics/painkillers, bunion pads, footwear modifications.
	• The patient suffers from
	  ○ severe pain on walking (not relieved by chronic standard analgesia) that causes significant functional impairment interfering with Activities of Daily Living (ADLs) i.e. ability to work, attend education, ability to manage simple domestic duties, ability to manage as a carer; **OR**
	  ○ Severe deformity (with or without lesser toe deformity) that causes significant functional impairment **OR** prevents them from finding adequate footwear; **OR**
	  ○ Recurrent or chronic ulceration or infection.
	• Understands post-operative pathway including:
	  ○ 6-week post-operative period with plaster cast and may involve absence from work for sedentary work of 2-6 weeks and a possible 2-3 months for physical work.
	  ○ 6-8 weeks' post-operative period without driving (2 weeks if left side and driving automatic car).
	  ○ Full function will be limited for approximately 4 months.
	  ○ Treatment prognosis is highly variable.

	○ There is a higher risk of ulceration or other complications, for example, neuropathy, for patients with diabetes. Such patients should be referred for an early assessment. A patient should not be referred for surgery for prophylactic or cosmetic reasons for asymptomatic bunions. **NB.** Funding for patients not meeting the above criteria will only be made available in clinically exceptional circumstances. For those patients who are not eligible for treatment under this policy, will be considered on an individual basis where their GP or consultant believes exceptional circumstances exist that warrant deviation from the rule of this policy. Individual cases will be reviewed via the CCG Prior Approval Process **NB. Lifestyle Factors - Best Practice (This is not a restriction to this policy unless otherwise stated).** • **Obesity** - Patients with a body mass index (BMI) greater than 30 kg/m^2 should be encouraged by their clinician to lose weight prior to surgery and signposted to appropriate support to address lifestyle factors that would improve their fitness for surgery and recovery afterwards. There is a clinical balance between risk of surgical complications with obesity and the risk to delaying any surgery. • **Smoking** - In line with 'Healthy Lives, Healthy People; a tobacco control plan for England', local authorities and health professionals are committed to encourage more smokers to quit. Smoking remains the leading cause of preventable morbidity and premature death in England. There is sufficient evidence to suggest that people who smoke have a considerably increased risk of intra- and post-operative complications such as chest infections, lung disorders, wound complications and impaired healing.
Summary of evidence/ rationale	NICE Clinical Knowledge Summaries (CKS) makes clear that referral for bunion surgery is indicated for pain and is not routinely performed for cosmetic purposes[1]. 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. 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.

	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. 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, and continued long-term pain. 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. Untreated hallux valgus in patients with diabetes (and other causes of peripheral neuropathy) may lead to ulceration, deep infection and even amputation.
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Clinical Reviewers	N/A (Taken from existing policies)
Approved by	Quality, Performance & Governance Committee
Responsible Officer	Chief Operating Officer, North Kirklees & Wakefield CCG NHS North Kirklees CCG & NHS Wakefield CCG GP Leads Planned Care
Reference	1. NICE Clinical Knowledge Summaries Bunions 2. Royal College of Surgeons Painful deformed great toe (2013) 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

	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 5. NICE Surgical correction of hallux valgus using minimal access techniques. 332. London: National Institute for Health and Clinical Excellence; 2010 6. Ferrari J; Higgins JP; Prior TD. Interventions for treating hallux valgus (abductovalgus) and bunions. Cochrane Database Syst Rev 2004;(1):CD000964 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