Management of adult Hallux Valgus (bunions)

Funding will be considered where the patient meets the following criteria.

Funding for a surgical opinion will not be supported for patients for prophylactic, cosmetic or asymptomatic bunions.

Clinicians need to ensure that the patients fulfil all criteria before they are referred to secondary care. These criteria will be vigorously observed unless a patient can demonstrate genuine exceptionality, in which case an individual funding request must be followed.

https://www.greaterhuddersfieldccg.nhs.uk/key-publications/individual-funding-requests-ifr/

https://www.calderdaleccg.nhs.uk/key-documents/

This threshold does not apply where **urgent** referral via existing diabetic foot pathway is required.

Patients should have been seen, assessed and treated by Podiatry services to address any biomechanical aspects.

Conservative measures should have been trialled and failed. This will include at least 12 weeks of:

- Appropriate analgesia
- Bunion pads
- Footwear modification

Referrals to the MSK FPOC service/Gateway should be made if any following applies:

- Your patient suffers from severe pain on walking which is not relieved by analgesia and causes significant functional impairment which is interfering with Activities of Daily Living (the ability to work, attend education, the ability to manage as a carer or to carry out simple domestic tasks.
- Severe deformity (with or without lesser toe deformity) that causes significant functional impairment OR prevents them from finding adequate footwear
- The second toe is involved.
- Recurrent or chronic ulceration or infection (where surgery will be considered after resolution of infection)

Patients must also be fully aware of the post-operative pathway including:

- 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

- 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.

References (accessed May 2017)

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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
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6. Ferrari J; Higgins JP; Prior TD. Interventions for treating hallux valgus (abductovalgus) and bunions. Cochrane Database Syst Rev 2004;(1):CD000964
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8. NHS North Kirklees and Wakefield CCG Commissioning Policy