1 Background

Quick info:
Scope:
• initial assessment and management of hallux valgus deformity (bunion) and bunionettes (Tailor's bunion) in adults

Hallux valgus (bunion):
• definition:
  • deformity of the first metatarsal (great toe/hallux) caused by abduction and valgus rotation
  • metatarsal head inclines towards the midline of the body and becomes prominent
  • 'bunion' describes the prominent and inflamed metatarsal head
• prevalence:
  • unclear
  • 2.5% of UK children age 9-10 years
  • 48% of adults
  • more common in females
• causes:
  • idiopathic, progressive deformity
  • aggravated by ill-fitting shoes

Tailor's bunion (bunionette):
• definition:
  • deformity on lateral aspect of fifth metatarsal head
• incidence and prevalence:
  • incidence and prevalence of bunionette is not known
  • less common than hallux valgus
  • more common in female patients
• causes:
  • structural abnormalities
  • postoperative complications
  • inflammatory arthropathies
  • footwear
  • posture while working

References:

2 Patient information

Quick info:
http://www.patient.co.uk

3 Updates to this pathway

Quick info:
This pathway has been locally developed for South West Hants.
Contributors to this pathway:
• Dr Cathy Price, NHSSC - Chair
• Dr Gail Ord-Hume, NHSSC
Bunions
Surgery > Orthopaedics > Bunions

- Dr Sarah Schofield, NHSS
- Mr Graeme Taylor, SUHT
- Mr Job Wooster, Solent Healthcare

4  Local formulary

Quick info:

4.7.1 Non-opioid analgesics
Paracetamol tab Co-codamol 8/500 tab Co-codamol 30/500 tabs - soluble preparations have a high sodium content

10.1.1 Non-steroidal anti-inflammatory drugs
Ibuprofen tab/liq/soluble (melt) (not MR tab) - first line
Naproxen tab
Diclofenac tab/MR tab/disp tab/suppos
Diclofenac and misoprostol tab [Arthrotec]
Meloxicam tab
Nabumetone tab

5  Clinical presentation

Quick info:
Patient presents with:

- hallux valgus - an angle of greater than 15 degrees at the first metatarsophalangeal joint in the AP plane
- bunion - a formation of dorsomedial osteophyte at the first metatarsophalangeal joint

6  Assess severity of symptoms

Quick info:
Assessing severity of symptoms:

- treatment decision should be based on extent of deformity and severity of associated symptoms:
  - pain (verbal rating score 0 to 10)
  - ability to wear normal closed shoes

7  First line treatment

Quick info:
First line treatment options:

- low heeled, wide forefoot shoes with soft leather uppers
- bunion pads
- ice to be applied for no more than 20 minutes
- analgesia, NSAIDS and corticosteroid injections as appropriate
- care of secondary lesions (e.g. corns, callouses, ulcerations) via footwear advice centres
- patient education

8  Symptoms not controlled

Quick info:
Patient requires referal to podiatrist if:
11 Scoring matrix

Quick info:
Podiatrist assessment using Manchester scale for severity of angular deformity.
See fig. 1 of:
http://rheumatology.oxfordjournals.org/cgi/content/full/44/8/1061

12 Conservative management

Quick info:
• Continue first line treatment.
• For severe deformities (ie. stages 3 & 4) if patient not a surgical candidate consider shoe modification, i.e. rocker bottom shoe, extra wide shoes as appropriate

13 THRESHOLD for surgery

Quick info:
Referral for surgical opinion will be considered taking account of all of the following:
• severe pain unrelieved by conservative measures (pain should be the primary reason for referral rated 7 to 10 on a 0 to 10 verbal rating scale by patient)
• inhibition of activity or lifestyle unrelieved by conservative measures
• severe deformity (stage 4, see scoring matrix above):
  • hallux adductus > 35°
  • intermetatarsal angle > 16°
  • joint arthrosis

Community Services:
All patients presenting with forefoot problems, including bunions, not responding to conservative measures, should be referred to orthopaedic triage service. They will be assessed by either an extended scope practitioner (podiatrist) or an orthopaedic surgeon specialising in lower limb disorders, as part of an enhanced MSK service. Conservative treatment will be carried out in accordance with the care pathway, prior to referral for surgery.

Local administrative info:

Bunions

Referral via Choose and Book

Southampton NHS Treatment Centre (SNHSTC):
• Select the “Orthopaedics” specialty and the clinic type “Foot and Ankle”
• Service name “Foot and Ankle - Southampton NHS Treatment Centre NTP”

MPTT Service at Moorgreen Hospital:
• Select the “Orthopaedics” specialty and the clinic type “Foot and Ankle”
• Service name “Orthopaedics - IMATS(MPTT) Lower Limb - Southampton City PCT 5L102”

Southampton General Hospital (SUHT):
• Select the “Orthopaedics” specialty and the clinic type “Foot and Ankle”
• Service name “Foot and Ankle – Trauma & Orthopaedics – SUHT”
• Please note only generic referrals are accepted via Choose and Book
• Advice and Guidance - Advice and Guidance from a specialist at SUHT is available via Choose and Book by selecting the “Orthopaedic” specialty

SUHT Paper referrals:
Fax: 02380 796776

SUHT Consultant names and numbers:
• Mr Gavin Bowyer: 02380 795096, Monday afternoons
• Mr Graeme Taylor: 02380 796366, Wednesday afternoons
• Mr Wagih Moussa: 02380 796366, Tuesday mornings

SUHT specific referral information:
• GP booking queries: 02380 796218
• All clinics are run from the Royal South Hants Hospital

Southampton Area | 15-Jun-2011
Bunions
Surgery > Orthopaedics > Bunions

Key Dates
Published: 18-Feb-2011, by Southampton Area
Valid until: 16-Feb-2012

Evidence summary for Bunions
The pathway is consistent with the following quality-appraised guidelines (6,1,2). All intervention nodes have been assessed for consistency with high quality guidelines and underlying evidence.
Search date: Jan-2006

References
This is a list of all the references that have passed critical appraisal for use in the care map Bunions

<table>
<thead>
<tr>
<th>ID</th>
<th>Reference</th>
</tr>
</thead>
</table>