

## Hallux Valgus

### What is a Hallux Valgus?

Hallux Valgus is often referred to as a bunion deformity of the big toe. The big toe drifts outwards towards the smaller toes and a small bump appears on the inner aspect of the foot with red swelling in the region of the big toe joint.

### How is it caused?

It is common for bunion problems to run in families. Wearing inappropriate shoes and laxity of joints have also been implicated as factors that may cause the development of a bunion.

### What are the symptoms?

Most people are asymptomatic but some develop pain over the bunion, difficulty with wearing shoes and, in severe cases, difficulty with walking.

### What treatment is available?

Conservative treatment includes the use of special footwear or Orthotics.

If conservative measures fail to improve the situation, patients with continued symptoms can have surgery. This will correct the deformity, narrow the foot and give better biomechanics (structure and movement) to the foot. The operative procedure chosen will be discussed with you by the consultant.

### What does the operation involve?

Prior to the operation you will be seen in the Pre-assessment clinic or receive a phone call assessment. This is to ensure that you are fit to have surgery.

The operation to the forefoot can be performed either under general anaesthesia or regional anaesthesia. The decision can be made after discussion with the anaesthetist. The operation itself involves making an incision over the affected area and cutting and shaping the bone, realigning the bones and fixing them using small screws (if appropriate) to achieve a better alignment to the foot.

### What about pain?

Whilst you are in hospital you will be monitored and the medical staff will give you pain relief as required and prescribed. You will be given pain relief medication to take home. Advice regarding this will be given by the nursing staff before you leave hospital.

### How long does recovery take?

Most patients are able to go home the same day but it may be necessary for you to stay overnight. The majority of patients have only a padded dressing and bandage to the wound. Very occasionally a plaster cast to the forefoot may be required.

You will be given a special shoe which helps to off load weight from the forefoot. The physiotherapist will give you instructions on how to wear the shoe and in the use of elbow crutches. For the first two weeks you are advised to restrict your walking distance to within the house and garden and to limit the extent of your walking. Full weight bearing is commenced after about six weeks.

You will be seen in clinic at 7-14 days when the wound dressing will be changed and the stitches removed. Most of the dressings and bandages are removed by about 6 weeks postoperatively. You may be asked to wear a silicone toe spacer for approximately 12 weeks. This will depend on the surgeon undertaking your surgery. You are advised to keep the dressing clean and dry until the stitches are removed. Once the bandages are removed it is advisable to wear loose fitting shoes (ECCO or sports shoes). Normal footwear (which is well fitting) can be worn three months after the operation.

Swelling is quite common after foot surgery and this is best managed by elevating the foot at regular intervals. You are advised to elevate the operated foot on a pillow every night and during the day to elevate the affected leg/foot on three different occasions, e.g., 11am, 3pm and 6pm, for about one hour each time. This will help to reduce swelling of the foot and also promote healing of the wound. These instructions should be followed for at least 10-14 days.

### **When can I drive?**

Patients having had their left foot operated on will be able to drive an automatic car within two weeks. Those who have had an operation on the right side will be able to drive after about 6 weeks. You are advised not to fly after surgery for 6 weeks.

### **When can I go back to work?**

This will depend on the type of work you do. For example, if you have a desk job you may be able to return to work after 2-4 weeks if you are able to elevate your foot whilst sitting. If you do manual work and there would be a lot of pressure on the foot then you may need 8-10 weeks off work.

### **What are the possible complications?**

- Infection (the wound may become infected and inflamed)
- Neuroma (injury to a nerve)
- Deep vein thrombosis (clot in the vein)
- Pulmonary embolus (clot in the lungs)
- Prolonged swelling of the foot (this can last for 3 to 6 months)
- Recurrence of the deformity
- Metal breakage (screws used in the operation)
- Stiffness of toes

The above complications are rare but can occur.

## Useful contact numbers

Orthopaedic pre assessment	0300 614 7778/7147
Day Surgery Unit Heatherwood	0300 614 4130/4131
Main reception Treetops Ward Heatherwood	0300 614 4159
Therapy Office Heatherwood	0300 614 4178
Physio/OT ward office Wexham	0300 615 3329
Ward 1 Wexham Park	0300 615 3010/3012
Booking Centre (appointments)	0300 614 7919 option 1
Orthopaedic post op	0300 6147207

### For a translation of this leaflet or for accessing this information in another format:



Please contact (PALS) the Patient Advice and Liaison Service on:

#### Frimley Park Hospital

Telephone: 0300 613 6530

Email: fhft.palsfrimleypark@nhs.net

#### Wexham Park & Heatherwood Hospitals

Telephone: 0300 615 3365

Email: fhft.palswexhampark@nhs.net

<b>Frimley Park Hospital</b> Portsmouth Road, Frimley, Surrey, GU16 7UJ	<b>Heatherwood Hospital</b> Brook Avenue, Ascot, Berkshire, SL5 7GB	<b>Wexham Park Hospital</b> Wexham Street, Slough, Berkshire, SL2 4HL
<b>Hospital switchboard:</b> 0300 614 5000		<b>Website:</b> www.fhft.nhs.uk

<b>Title of Leaflet</b>	Hallux Valgus		
<b>Author</b>	Mr C Clark and Mr R Dega, Consultant Orthopaedic Surgeons adapted by Joy Haworth, Senior Sister		
<b>Department</b>	Orthopaedics		
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