Surgical Referral for Hallux Valgus (Bunions)

Scope

This policy covers the criteria for referral of patients for consideration of surgery in management of symptomatic hallux valgus (bunions). Minimally invasive surgeries are not covered by this policy as the evidence for safety is inadequate.

Policy

It is the responsibility of referring and treating clinicians to ensure compliance with this policy. Referral proforma should be attached to the patient notes to aid the clinical audit process and provide evidence of compliance with the policy. For patients not meeting the policy criteria, clinicians can apply for funding to the Exceptional Cases Panel by completing the exceptional funding section of the referral proforma: Click policies to access the CCG clinical policies web page: policies – select the Orthopaedic Surgery Policies drop down option and select the Bunions Policy to access the referral proforma.

The CCG will ONLY fund referral for consideration of hallux valgus surgery in patients meeting the following criteria:

1. Referral is NOT being made for cosmetic purposes.
2. Patients have persistent symptoms despite at least 6 months of conservative management.
3. Symptoms should include:
   a. significant persistent pain preventing activities of daily living; AND/OR
   b. severe deformity greater than 25 degrees leading to inability to wear suitable shoes; AND/OR
   c. recurrent ulcers and infections at site of bunion or sole of foot.

Prior conservative management must include ALL of the following:
   a. modification of footwear: avoidance of high-heeled shoes, wearing wide cut or specially altered shoes with increased medial pocket to minimise deforming forces; AND
   b. externally fitted devices to improve alignment and reduce irritation, eg orthoses and bunion pads; AND
   c. stretching exercises to improve/maintain joint flexibility; AND
   d. ice and elevation for pain and swelling; AND
   e. optimum analgesia.

Diabetic patients should be referred to diabetic services.

Smoking
Patients who smoke should be advised to attempt to stop smoking and referred to stop-smoking services – see stop smoking policy.
Rationale and Evidence

Hallux valgus (bunions) occurs when the great toe deviates away from the midline of the body. It often occurs with a degree of rotation of the bones of the great toe in relation to the rest of the foot.

It is estimated that 23% of 18 - 65 year olds have bunions, with females affected more than males. Whilst some people remain asymptomatic, the bony deformity can cause pain and discomfort for others due to swelling, change in bony structure, and ulceration.

The risk of post-surgical complications is up to 50%, with a rate of recurrence of 16%. Conservative management is recommended prior to consideration of a surgical referral.

NICE CKS and UpToDate recommend surgical referral if patients have debilitating symptoms despite a period of conservative management. Patients must be prepared to undergo surgery understanding that they will be out of sedentary work for 2 - 6 weeks and physical work for 2 - 3 months and they will be unable to drive for 6 - 8 weeks (2 weeks if left side and driving an automatic car).

References

7. NICE Guidance IPG332: Surgical correction of hallux valgus using minimal access techniques, Feb 2010.

Glossary

Arthroplasty: Surgery to relieve pain and restore range of motion by realigning or reconstructing a joint.

Bunionectomy: Excision of a bunion.

Hallux Valgus: Bunion.

Orthoses: Externally applied device designed and fitted to the body to control biomechanical alignment, correct deformity and improve foot mechanics.

Osteotomy: Incision or transection of a bone.

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