1. **Policy Summary**

1.1 This policy covers the surgical management of hallux valgus (bunions) and hallux rigidus including the criteria for referral to secondary care.

1.2 Referral must not be made for prophylactic or cosmetic purposes. This policy does not apply to anyone under 19 years of age.

2. **Eligibility Criteria**

2.1 The vast majority of patients with hallux valgus (bunions) or hallux rigidus are expected to be managed in the primary care setting. However, some patients may need referral to a specialist. Patients should only be referred if they meet the criteria below:

a) The patient is symptomatic with persistent pain that is significant and prevents the patient fulfilling work, educational, domestic or carer activities; AND

b) Where clinically appropriate a trial of at least six months' conservative treatment* has failed and not addressed the symptoms; AND

c) Patients with a BMI of >30 kg/m(2) are encouraged to attend the commissioned weight management services; AND

d) Symptoms continue to deteriorate; OR

e) There is functional impairment (functional impairment must be significant and prevent the patient fulfilling work, educational, domestic or carer activities); OR

f) An inability to wear suitable shoes; AND

g) The patient is willing 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 automatic car)
*Conservative treatment includes:

- Avoid wearing high heel shoes for excessive amounts of time and wear low heeled wide fitting leather shoes which stretch
- Exercises specifically designed to alleviate the effects of a bunion and keep it flexible
- Applying ice and elevating painful and swollen bunions
- Simple analgesia
- Non-surgical treatments such as bunion pads, splints, insoles or shields

**The patient should be informed that the decision to have surgery is a dynamic process and a decision not to undergo surgery does not exclude them from having surgery at a future time point. Referral must not be made for prophylactic or cosmetic purposes.

2.2 Exclusions: Complicated hallux valgus (bunions) or hallux rigidus e.g. with impending or non-healing ulcer, or peripheral limb ischaemia, are not covered by this policy. These should be managed as clinically appropriate on a case by case basis.

2.3 Surgery:

a) Should be undertaken by orthopaedic surgeons trained in foot and ankle surgery or HCPC registered podiatric surgeons (CCPST), integrated into a multi-disciplinary network if such arrangements exist locally

b) This should be a day case procedure unless clinical circumstances dictate otherwise

c) It is recommended that PROM (patient reported outcome measures) scores be recorded 12 months following surgical episode

d) Complex surgery must be undertaken by surgeons with a recorded interest in complex foot and ankle surgery working in a high volume centre with appropriate facilities

2.4 Minimal access techniques are not covered by this policy.