

**North Perth**

437 Fitzgerald Street  
North Perth 6006  
Phone 9227 7117  
Fax 9227 1461

**Mt Lawley**

777 Beaufort Street,  
Mt Lawley 6050  
Phone 9473 1155  
Fax 9473 1144

## ***Bunions – Hallux Valgus***

**Description**

Bunions are one of the most common deformities of the forefoot. There is displacement of the first metatarsal bone towards the mid-line of the body and a simultaneous displacement of the great toe away from the mid-line (and towards the smaller toes). This causes a prominence of bone on the inside margin of the forefoot, this is termed a “bunion”, with continued drifting of the great toe (hallux) towards the smaller toes. The smaller toes may also be forced into a clawed position and ride up over the big toe. There are different stages of bunion development, depending on the severity of the angulation of the big toe. Arthritis can also develop producing pain within the joint.



**Incidence**

Bunions are common in people who have a family history of the deformity. Women are more prone to developing bunions than men, most likely due to a predisposition to the condition, and sometimes triggered by poor footwear. Wearing narrow, tight, confining or high-heeled shoes can greatly accelerate the formation of a bunion. Middle age to older people are more likely to suffer with bunions. Bunions can affect children and young people.

**Symptoms**

- Redness, inflammation, pain and/or stiffness around the big toe
- Moderate to severe discomfort at the bunion when wearing shoes
- Calluses and corn development on the outside of the big toe, between the big toe and the second toe and/or underneath the big toe and ball of the foot
- There may be overlapping of the second toe causing a hammer toe
- Skin over the bunion may breakdown causing an ulceration which can become infected

**Causes**

- Foot mechanics – pronated/flat feet producing excess load of the 1<sup>st</sup> toe joint
- Family history of bunions. However it is the foot type that is hereditary, not the bunion
- Poor/tight footwear – particularly in those already predisposed to bunions
- Arthritic conditions
- Trauma or previous surgery around the great toe joint

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**Treatment**

Treatments vary depending on the severity of pain and deformity. The main goal of early treatment is to relieve pressure on the bunion and smaller toes and to diminish the progression of joint deformities;

- Padding the bunion to protect the bony prominence from shoe pressure
- Wearing correctly fitting footwear that have a wide and deep toe box.
- Corns and calluses can be managed by Podiatry treatment.
- Medications, such as anti inflammatory drugs or cortisone injections may be used to ease pain and inflammation. This is especially useful if there is an associated bursitis.
- Foot orthoses - realign the foot to a more "normal" position and can assist in balancing the muscles around the big toe, stabilising the joint and halting or slowing bunion development.
- Surgery – When conservative treatment does not provide satisfactory relief from symptoms, when the condition interferes with activities, or there is concern with the foot shape, surgery may be necessary. Evaluation by a podiatric surgeon is advised at the first sign of concern, pain or discomfort, so that severe deformity can be avoided.

**Dr Nick Marino, Podiatric Surgeon can assist you with this.**



**Above -- example of bunion X-rays before and after correction**

**Below --example of bunions before and 3 weeks after surgery**

