

## Procedure Information Sheet-- Hallux Valgus

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### **Introduction**

- The big toe of the foot is called the hallux. If the big toe deviates toward the direction of the other toes (valgus), the condition is called hallux valgus. As the big toe drifts over, a bony prominence starts to develop on the inside of the big toe over the metatarsal bone, forming a bunion. Once the bunion is present, hallux valgus would worsen slowly over time. The deformity is extremely difficult to correct by oneself.
- Hallux Valgus is a common foot deformity among adult women. The ratio of occurrence between men and women is roughly 1 to 10. Hallux valgus may develop in only one foot or both feet, with the latter being more common.

### **Indications**

1. It becomes swollen, inflamed and painful when a narrow shoe box grinds against the big toe.
2. The big toe displaces and overlaps with the second toe, causing the second and even third metatarsals to become the pressure point when walking.
3. Non surgical treatment can not improve the conditions.

### **Procedure**

#### ***A. Non surgical treatment***

1. Generally, orthopaedic surgeons would propose non-surgical treatment for hallux valgus, such as suggesting wearing shoes with wider and lower heels. They may also suggest using foot orthosis or splints, insoles and silicone toe spacers to reduce the pressure of the toes.
2. Anti-inflammatory medication is effective in alleviating pain.
3. To train the intrinsic foot muscles, the patient can perform specific foot exercises or undergo physiotherapy.
4. Non-surgical treatment can alleviate pain and slow down the development of hallux valgus. However, it cannot correct the deformity.

#### ***B. Surgical treatment***

Different procedures are performed on different patients according to their individual conditions. The operation is performed under general or spinal anaesthesia. There are two main types of surgeries:

1. Medial eminence osteotomy – shaving off of the medial eminence and bunion and restoring the soft tissue tension around the first metatarsophalangeal joint.
2. Metatarsal osteotomies – correct the alignment of the first metatarsal bone, as well as fusion of the joint. The metatarsal bone is sometimes held in place with screws or other types of steel implants.

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3. The most common types of surgery are soft tissue restoration and metatarsal correction surgeries. Some procedures can be performed with arthroscopy.

### **Pre-operative preparation**

1. You will need to sign a consent form and your doctor will explain to you the reason, procedure and possible complications.
2. Inform your doctor about drug allergy, your regular medications or other medical conditions.
3. Keep fast for 6-8 hours before operation if under general anaesthesia.

### **Possible risks and complications**

Numbness or tingling, hematoma, infection, osteomyelitis, avascular necrosis, limitation of joint motion, recurrence.

### **Post-operative information**

1. After surgery, a cast or a plastic surgical shoe should be worn to stabilize the joint. Complete recovery takes approximately 6 weeks. During this period, a crutch may be necessary to assist walking.
2. After soft tissue procedures and surgical corrections of hallux valgus, the patient has to refrain from walking for at least 6-8weeks.
3. Three months after surgery, he or she can start walking but has to wear shoes with wide shoe boxes, walk on heels and keep the toes off the ground.
4. In another 3 months' time, walking in normal shoes can usually resume.

### **Remark**

The above mentioned procedural information is not exhaustive, other unforeseen complications may occur in special patient groups or different individual. Please contact your physician for further enquiry.

**Reference:** <http://pic.hkcos.org.hk/hkcosweb/index.jsp>

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I acknowledge that the above information concerning my operation/procedure has been explained to me by Dr. \_\_\_\_\_. I have also been given the opportunity to ask questions and receive adequate explanations concerning my condition and the doctor's treatment plan.

Name: \_\_\_\_\_

Pt No.: \_\_\_\_\_ Case No.: \_\_\_\_\_

Sex/Age: \_\_\_\_\_ Unit Bed No.: \_\_\_\_\_

Case Reg Date & Time: \_\_\_\_\_

Attn Dr: \_\_\_\_\_

Patient / Relative Signature: \_\_\_\_\_

Patient / Relative Name: \_\_\_\_\_

Relationship (if any): \_\_\_\_\_

Date: \_\_\_\_\_