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| Intervention | **061. Hallux Valgus (Bunion) Surgery (Open or minimally invasive)** |
| For the treatment of: | Hallux valgus |
| Commissioning position | These interventions are commissioned if:   * the person has been assessed by a podiatrist and despite following conservative measures for at least 3 months:   + suffers from severe deformity of the first metatarsophalangeal joint that causes significant functional impairment OR   + severe pain that causes significant functional impact   OR   * there is recurrent or chronic ulceration due to the deformity   OR   * there is recurrent or chronic bursitis or tendinitis at the first metatarsal head due to the deformity   Treatment is not otherwise commissioned for personal preference on cosmetic grounds. |
| Summary of Rationale | Conservative measures for bunions include footwear alterations, orthoses, exercises and pain relief. There is no evidence that these measures correct the deformity, but they can relieve or reduce symptoms.  Evidence suggests that minimally invasive techniques work as well as standard open surgical techniques. Evidence also suggests that patient-reported outcomes, such as pain and recovery time, are the same as for open surgical techniques. Minimally invasive surgery should only be done by a clinician with specific training and specialist experience in the procedure techniques. |
| References | [CKS Bunions | Management (NICE)](https://cks.nice.org.uk/topics/bunions/management/bunions/)  [IPG789 Minimally invasive percutaneous surgical techniques with internal fixation for correcting hallux valgus (NICE)](https://www.nice.org.uk/guidance/ipg789) |
| Effective from: | January 2025 |
| Policy Review Date | January 2028 |