

# Bunions

When the joint between the big toe and the foot sticks out abnormally, it is often described as a bunion. The soft tissues around this affected joint can become inflamed, leading to 'bursitis'.

Bunions are generally preventable and treated by wearing more appropriate footwear, and rarely require surgery.

## Causes and risk factors

Bunions are associated with various diseases of the joints including osteoarthritis, but usually there is no obvious underlying illness.

A bunion occurs as a result of a deformity in the big toe known as hallux valgus, where hallux means the big toe and valgus means abnormal bending towards the other toes.

Hallux valgus occurs when the foot bone that joins with the big toe (the metatarsal) becomes displaced inwards (towards the centre of the body). This tends to force the joint out against the inside of footwear. The sac, or bursa, that lies over the joint is irritated as a result. Inflammation of the bursa

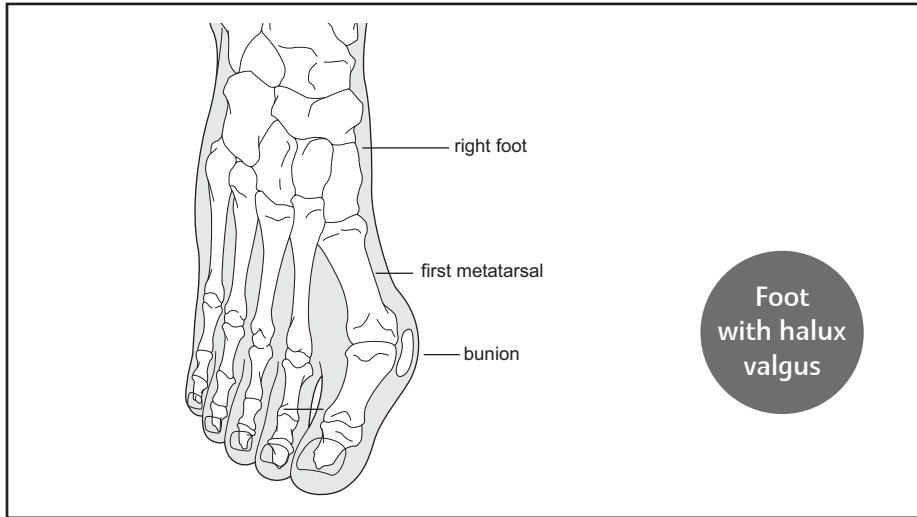
(bursitis) contributes to the swelling of a bunion.

Hallux valgus, resulting in bunions, affects 10 women to every one man. This may be because genetic and anatomical factors predispose women to developing the condition. But the main reason appears to be that women are more likely than men to wear ill-fitting shoes. The chance of having bunions is greater if one or more parents had them too.

High-heeled shoes, in particular, put abnormal strains on the bones and muscles of the foot. And shoes that push the toes together, force the big toe into a hallux valgus position.

Hallux valgus and bunions are much more common with increasing age.

This factsheet is based on reputable sources of medical evidence and has been reviewed by BUPA doctors. For more details of references and sources, please see our website. The content is intended for general information only and does not replace the need for personal advice from a qualified health professional.



### Symptoms

- discomfort
- redness around the big toe joint
- swelling over the big toe joint
- difficulty in walking

If osteoarthritis is also present, there may also be pain in the joint, made worse by ill-fitting footwear.

### Diagnosing bunions

A doctor can diagnose a bunion by simply examining the foot and hearing your account of how and when it developed. An X-ray may be taken to confirm the diagnosis.

### Treating bunions

The painkiller paracetamol, or the non-steroidal anti-inflammatory drug ibuprofen will often help relieve the pain and inflammation of a bunion. However, medicines will not reverse the condition

or prevent it getting worse, and should only be considered as temporary relief.

If the bunion has occurred as a result of underlying arthritis (see separate BUPA factsheet titled *Arthritis*), specific medicines may also be used.

### Surgery

If a change in footwear does not help, you may be referred to an orthopaedic surgeon. However surgery is rarely required.

There are a variety of operations now performed for hallux valgus. The choice of operation depends mainly on the amount of deformity that is present and whether or not there is any arthritis.

One common operation is known as an osteotomy of the first metatarsal. The surgeon breaks the displaced bone and sets it into a better position. The part of the big toe joint that is sticking out is also cut away.

Another operation, known as excision arthroplasty, or Keller bunionectomy, is not as common as it once was. This involves cutting away the swelling of the bunion. It tends to be most suitable for older people who are likely to demand less of their feet in terms of activity.

An operation on the toes can be uncomfortable for a time, and there is a risk of experiencing pain in the long term. But recovery from the operation is generally rapid and there is a very good chance that the symptoms of the bunion will be completely relieved.

### Preventing bunions

Hallux valgus is often preventable by wearing shoes that fit properly. The part of the shoe that accommodates the toes should be wide enough for the toes not to be forced together. This means that the tops of the four smaller toes, when resting on the insole of a shoe, should be about level with one another.

### Other tips

- High-heeled or tight-fitting shoes should be avoided.
- Get advice from a podiatrist or chiropodist on suitable footwear.
- Applying padding over the bunion may help.