

## BOB ICB and Frimley ICB Priorities Committee Clinical Commissioning Policy Statement

Policy Number/ Name	BOBFPC47 Surgery for Painful Big Toe (Bunion)
Date of BOB ICB Adoption	February 2024

Surgery for patients with asymptomatic bunions is **not normally funded**, regardless of the cosmetic appearance.

The removal of bunions that are causing symptoms will only be funded where:

1. All appropriate conservative measures have been tried for a minimum of 3 months and have failed.<sup>1</sup> Conservative measures include:

- Avoiding high heels shoes
- Wearing roomier footwear with soft leather uppers.
- The use of oral analgesia for pain management.
- The use of bunion pads or ice packs.
- The use of customised footwear;
- Orthoses for appropriate patients.
- Treatments for ulceration.

Patients must be educated and counselled on appropriate conservative management. Local specialists have highlighted the importance of avoiding high heeled shoes and moving to roomier footwear with soft leather uppers as a key early intervention.

AND

2. The patient suffers from:

Severe deformity (with or without lesser toe deformity) that causes significant functional impairment that prevents the patient from properly fulfilling work, domestic or carer activities, or educational responsibilities.

OR

Severe pain that causes significant functional impairment that prevents the patient from properly fulfilling work, domestic or carer activities, or educational responsibilities. Pain may include transferred pain to second metatarsal or the ball of the foot.

<sup>1</sup><https://www.rcseng.ac.uk/-/media/files/rcs/standards-and-research/commissioning/boa--painful-deformed-great-toe-guide-2017.pdf>

Prior to referral, patients should be counselled to understand the outcomes of surgery and made aware of the potential complications which include, pain, stiffness to the big toe, infection, swelling, non-union, recurrence and Deep Vein Thrombosis (DVT) / Pulmonary Embolism (PE). There is no guarantee that the foot will be perfectly straight or pain-free after surgery. Patients should be informed that they are unable to drive for a number of weeks after surgery and full recovery can take an average of four to six months.

The term bunion refers to any enlargement or deformity of the 1st metatarsophalangeal (MTP) joint, including enlarged bursae, overlying ganglion, gouty arthropathy, and hallux valgus, as well as bony masses that can develop secondary arthritis. They often also cause marked lesser toe deformities.

### **ICD10 Diagnosis Codes**

M20.1 Hallux valgus (acquired) (bunion)

### **OPCS Procedure Codes**

W79.2 Excision of bunion NEC

W79.- with M20.1 Hallux valgus (acquired) (bunion)

#### **NOTES:**

- Potentially exceptional circumstances may be considered by a patient's ICB where there is evidence of significant health status impairment (e.g. inability to perform activities of daily living) and there is evidence that the intervention sought would improve the individual's health status.
- This policy was developed and recommended by Thames Valley Priorities Committee which was the predecessor of Buckinghamshire, Oxfordshire, and Berkshire West ICB and Frimley ICB Priorities Committee.
- This policy will be reviewed in the light of new evidence or new national guidance, e.g., from NICE.
- BOBFPC clinical policy statements can be viewed at [Clinical Commissioning Policy Statements & IFRs | BOB ICB](#)

<b>Recommendation made by TVPC</b>	January 2016 Updated January 2019
<b>Date adopted and issued by OCCG</b>	May 2019
<b>Date of BOB ICB adoption</b>	February 2024 – reformatted and rebadged only