NHS
National Institute for Health and Clinical Excellence

Understanding NICE guidance

Information for people who use NHS services

Treating bunions using surgery through small incisions

NICE 'interventional procedures guidance' advises the NHS on when and how new procedures can be used in clinical practice.

This leaflet is about when and how surgery through small incisions can be used in the NHS to treat people with bunions. It explains guidance (advice) from NICE (the National Institute for Health and Clinical Excellence).

Interventional procedures guidance makes recommendations on the safety of a procedure and how well it works. An interventional procedure is a test, treatment or surgery that involves a cut or puncture of the skin, or an endoscope to look inside the body, or energy sources such as X-rays, heat or ultrasound. The guidance does not cover whether or not the NHS should fund a procedure. Decisions about funding are taken by local NHS bodies (primary care trusts and hospital trusts) after considering how well the procedure works and whether it represents value for money for the NHS.

NICE has produced this guidance because the procedure is quite new. This means that there is not a lot of information yet about how well it works, how safe it is and which patients will benefit most from it.

This leaflet is written to help people who have been offered this procedure to decide whether to agree (consent) to it or not. It does not describe bunions or the procedure in detail – a member of your healthcare team should also give you full information and advice about these. The leaflet includes some questions you may want to ask your doctor to help you reach a decision. Some sources of further information and support are on the back page.

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What has NICE said?

There is not much good evidence about how well this procedure works or how safe it is. In addition the evidence is inconsistent and covers many different techniques. If a doctor wants to use this procedure, they should make sure that extra steps are taken to explain the uncertainty about how well it works, as well as the uncertainty surrounding potential risks. This should happen before the patient agrees (or doesn't agree) to the procedure. The patient should be given this leaflet and other written information as part of the discussion. There should also be special arrangements for monitoring what happens to the patient after the procedure.

NICE has encouraged further research and may review the procedure if more evidence becomes available.

Treating bunions using surgery through small incisions

This procedure may not be the only possible treatment for bunions. Your healthcare team should talk to you about whether it is suitable for you and about any other treatment options available.

The medical name for this procedure is 'surgical correction of hallux valgus using minimal access techniques'. It is not described in detail here – please talk to your doctor for a full description.

A bunion (also called hallux valgus) is a bony deformity that causes the big toe to tilt, crowding the smaller toes. As a result, a bony lump forms on the inside of the foot at the base of the big toe. Bunions can cause pain when walking, the skin over the bunion can become sore, they can look unattractive and finding footwear can be difficult.

Some bunions can be treated using modified footwear, insoles and toe spacers, but others will need an operation.

In this procedure, the patient is given a local or general anaesthetic. One or more small cuts are made near the big toe to insert special bone-cutting instruments. These are used to remove the bunion and to divide one or more of the bones of the front of the foot. The aim is to correct the tilting of the big toe. The divided bones may need to be held in place with wires, screws or plates. The procedure is monitored by X-ray or using an endoscope (a telescope for looking inside the body). Following the procedure, a dressing or plaster may be used to hold the foot in the correct position until the bones have healed.

Summary of possible benefits and risks

Some of the benefits and risks seen in the studies considered by NICE are briefly described here. NICE looked at 13 studies on this procedure. The techniques used to treat the bunions varied in the studies that NICE looked at but all used small incision procedures.

How well does the procedure work?

Bunions returned after the small incision procedure in 3 out of 212 feet in 2 studies. In a study of 64 patients, 61 had no pain at an average of 9 years after the procedure. In another study, 204 patients who had the

What does this mean for me?

If your doctor has offered you small incision surgery for bunions, he or she should tell you that NICE has decided that the benefits and risks are uncertain. This does not mean that the procedure should not be done, but that your doctor should fully explain what is involved in having the procedure and discuss the possible benefits and risks with you. You should only be asked if you want to agree to this procedure after this discussion has taken place. You should be given written information, including this leaflet, and have the opportunity to discuss it with your doctor before making your decision.

You may want to ask the questions below

- What does the procedure involve?
- What are the benefits I might get?
- How good are my chances of getting those benefits? Could having the procedure make me feel worse?
- Are there alternative procedures?
- What are the risks of the procedure?
- Are the risks minor or serious? How likely are they to happen?
- What care will I need after the operation?
- What happens if something goes wrong?
- What may happen if I don't have the procedure?

small incision procedure were asked to fill in a survey at an average of 8 months later. Of the 83 who filled in the survey and said they had pain before the procedure, 70 had no pain after, 7 had less pain and 1 had more pain. In the same study, 61 of the 83 patients who filled in the survey said that they were 'very pleased' with the procedure, 10 were 'somewhat pleased', 3 were 'not satisfied' and 3 'regretted' having the surgery. In 2 studies (a total of 372 patients), the angle of the deformity improved (decreased) after the procedure.

You might decide to have this procedure, to have a different procedure, or not to have a procedure at all.

As well as looking at these studies, NICE also asked expert advisers for their views. These advisers are clinical specialists in this field of medicine. The advisers said that the procedure is still new and that it is not yet known how well it works, but the aims are to lessen pain, improve the deformity (including improvements seen by X-ray and foot pressure measurements) and improve patient satisfaction.

Risks and possible problems

Deep infection at the site of the operation was reported in 2 patients out of a total of 113 patients in 2 studies. One infection was treated with intravenous antibiotics and cleared up within 2 weeks. In the other, a wire holding the bone was removed and the infection cleared up. Deep infection also occurred in 4 feet in a study of 98 feet. A serious rare condition causing loss of blood supply to the bone (known as osteonecrosis) occurred in 1 patient in a study of 13 patients who had the procedure.

Healing together of the bones was delayed in 4 out of 301 feet in the study of 204 patients after an average of 8 months. In the same study, fracture to one of the foot bones occurred in 7 out of 301 feet. In a study of 49 patients, the bones did not heal in 2 patients, and 2 patients had incorrect healing when their progress was checked 32 months after the procedure. In the studies of 204 and 83 patients, 2 out of 395 feet developed 'hallux varus', in which the big toe tilts away from the smaller toes, after the procedure. A further operation was needed in 1 of these patients.

As well as looking at these studies, NICE also asked expert advisers for their views. These advisers are clinical specialists in this field of medicine. The advisers said that they had concerns about the safety of the procedure. In particular, they said that possible problems include nerve injury, including a severe long-term pain (called complex regional pain syndrome), toe stiffness, skin breakdown, bone infection, deep vein thrombosis (blood clots), injury to tendons, having to remove screws, return of the deformity, fractures, tender scars and skin sensitivity. In theory, other problems could include burning of soft tissue, damage to the blood vessels in the foot, inflammation due to bone fragments, and incorrect positioning of, shortening of or loss of blood supply to the big toe bone.

More information about bunions

NHS Choices (www.nhs.uk) may be a good place to find out more. Your local patient advice and liaison service (usually known as PALS) may also be able to give you further information and support. For details of all NICE guidance on bunions, visit our website at www.nice.org.uk

About NICE

NICE produces guidance (advice) for the NHS about preventing, diagnosing and treating different medical conditions. The guidance is written by independent experts including healthcare professionals and people representing patients and carers. They consider how well an interventional procedure works and how safe it is, and ask the opinions of expert advisers. Interventional procedures guidance applies to the whole of the NHS in England, Wales, Scotland and Northern Ireland. Staff working in the NHS are expected to follow this guidance.

To find out more about NICE, its work and how it reaches decisions, see www.nice.org.uk/aboutguidance

This leaflet is about 'surgical correction of hallux valgus using minimal access techniques'. This leaflet and the full guidance aimed at healthcare professionals are available at www.nice.org.uk/guidance/IPG332

You can order printed copies of this leaflet from NICE publications (phone 0845 003 7783 or email publications@nice.org.uk and quote reference N2099). The NICE website has a screen reader service called Browsealoud, which allows you to listen to our guidance. Click on the Browsealoud logo on the NICE website to use this service.

We encourage voluntary organisations, NHS organisations and clinicians to use text from this booklet in their own information about this procedure.

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