
PATIENT INFORMATION / ARTICLES & EDUCATION

Hallux Valgus

Causes, Diagnosis and Modern Treatment Options

DIMITRIOS BALTZIS

Specialist in Orthopaedics and Trauma Surgery

Senior Consultant, KMG Klinikum Luckenwalde

Head of the Foot and Ankle Centre Teltow-Fläming

What is hallux valgus?

Hallux valgus (a bunion) is a deformity in which the big toe angles towards the second toe while the first metatarsal may drift inwards. This can create a prominent bump on the inner side of the big-toe joint. Not every bunion causes symptoms, and its size alone does not determine whether treatment is needed.

What symptoms can occur?

Common complaints include pressure and pain from shoes, redness or irritation over the bunion, and discomfort when walking. Some people also develop pain beneath the forefoot or problems affecting the smaller toes. Movement of the big-toe joint may be restricted.

How is it diagnosed?

Assessment is based on the patient's symptoms, examination of the foot, joint mobility, skin and neighbouring toes. Weight-bearing foot radiographs are generally useful when measurements are needed or surgery is being considered.

What can help without surgery?

Non-surgical care primarily aims to ease symptoms. In adults, it usually cannot permanently reverse the underlying bony deformity.

- Choose shoes with a roomy, soft toe box that avoids pressure over the bunion.
- Depending on the individual situation, insoles, padding or toe spacers may reduce pressure.
- Individualised exercises and physiotherapy may help function; short-term pain relief can be discussed with a clinician.

When might surgery be considered?

Surgery may be appropriate when pain, substantial footwear difficulties or functional limitations persist despite reasonable conservative treatment. Cosmetic appearance alone, without symptoms, is generally not sufficient reason for surgery. The decision is made following examination and individual consultation.

Which operations are available?

The appropriate procedure depends on the extent of the deformity, the condition of the big-toe joint and the stability of the first ray.

- Distal metatarsal osteotomy, such as Chevron/Austin, can correct selected deformities near the first metatarsal head.
- For certain more pronounced or unstable deformities, a Lapidus fusion at the first tarsometatarsal joint may be suitable.
- If there is advanced, painful arthritis of the big-toe joint, first metatarsophalangeal (MTP-I) fusion may be considered in selected cases.

Minimally invasive surgery is also an option for selected patients. No single operation is best for everyone.

What does recovery involve?

Recovery depends on the surgical procedure and bone healing. A special postoperative shoe, toe-positioning dressings and clinical or X-ray follow-up may be needed. Weight-bearing, periods of protection and return to everyday activities and sport vary by procedure. An individual rehabilitation plan is agreed during surgical counselling.

What are the possible risks?

Potential complications include wound-healing problems, infection, blood clots, nerve irritation, joint stiffness and recurrence of the deformity. Depending on the technique, delayed or failed bone healing, persistent symptoms or overcorrection are also possible. Risks should be discussed individually.

When should you seek medical advice?

An orthopaedic assessment is sensible if pain increases, pressure sores recur, everyday activities become difficult or the smaller toes change position. Open wounds, significant inflammation or signs of acute impaired circulation require prompt medical attention.

References and notes

- AWMF/DGOU: S2e guideline Hallux valgus, registry 187-051, version 5.0 (2025).

- British Orthopaedic Foot & Ankle Society (BOFAS): Hallux Valgus.
- Cochrane Review (2024): Surgical interventions for treating hallux valgus and bunions. DOI: 10.1002/14651858.CD013726.pub2.

This patient information does not replace an individual medical examination or consultation. Editorial draft, October 2026 — requires clinical approval before publication.