Tower Bridge Hospital London

Tower Bridge Hospital London
97–99 Whitechapel Road, London E1 1DT
020 7916 0029 · Open 7 days, 9am–7pm
towerbridgehospital.co.uk

PATIENT INFORMATION · ORTHOPAEDICS

Bunions

manage the symptoms, or fix the bone — there is no third option

A bunion is a bony prominence where the big toe drifts towards the others and its joint pushes outwards. It is largely inherited rather than caused by shoes, though shoes make it hurt. Nothing non-surgical straightens the toe — but a great deal makes it comfortable.

Seek prompt assessment if you have

- a **hot, red, swollen joint with fever** — possible infection or gout
- an **ulcer or broken skin** over the bunion, particularly with diabetes
- **sudden severe pain** without injury
- **numbness, tingling or a pale, cold foot**
- rapidly worsening deformity with **joint swelling elsewhere**, suggesting inflammatory arthritis

Any break in the skin over a bony prominence in someone with diabetes or poor circulation needs same-day assessment. A hot swollen joint may be septic arthritis or gout, not simply a painful bunion.

What causes them

- **Inherited foot shape and joint laxity** — the dominant factor. Bunions run strongly in families and occur in people who have never worn narrow shoes.
- **Footwear** — narrow toe boxes and heels do not create the underlying tendency but accelerate it and cause most of the pain.
- **Flat feet and excessive pronation**, which increase load through the big toe joint.
- **Inflammatory arthritis**, particularly rheumatoid.
- More common in women, and increasingly common with age.

Splints, spacers and toe straighteners do not correct a bunion

They are widely sold on the premise that they realign the toe. The deformity is in the bone and the joint, and no external device changes that in an adult — trials show no lasting change in the angle. That does not make them useless: spacers and toe sleeves genuinely reduce rubbing and pain for many people, and are worth using for comfort. Just buy them for what they do, not for what the packaging claims.

What genuinely helps

Helps

- Shoes with a wide, deep toe box — measure your foot at its widest point
- Low heels; every centimetre of heel loads the forefoot further
- Bunion pads, toe sleeves or gel spacers for rubbing
- Orthotic insoles where the foot pronates heavily
- Anti-inflammatory gel, and losing excess weight

Not effective

- Night splints and correctors, for straightening
- Exercises to realign the toe, though foot strengthening helps generally
- Waiting until it is unbearable before seeking advice
- Cutting holes in shoes rather than changing them
- Surgery purely for appearance

Surgery

Surgery corrects the bone and is highly effective for pain. It is offered for **pain and function, not appearance** — operating on a painless bunion to make the foot look better carries real risk for no symptomatic gain, and is generally advised against.

6–8 weeks
in a shoe or boot, limited walking

3–6 months
before comfortable in normal shoes

Up to a year
for swelling to fully settle

- There are many techniques, chosen according to the severity of the angle and the state of the joint.
- Recovery is **longer than most people expect**, and swelling of the foot in the evening can persist for a year.
- Recurrence occurs in a proportion of cases, particularly in younger patients and with severe deformity.
- You will not be able to drive for several weeks, and should plan time off work accordingly.
- **You may still not fit narrow fashion shoes afterwards** — the operation restores a functional foot, not a narrow one.

Why come to us. Most bunions do not need an operation, and knowing which do is the useful part. Our orthopaedic and physiotherapy teams assess the foot, check the joint for arthritis and rule out gout with **blood tests taken in-house**, advise on footwear and orthotics, and arrange weight-bearing X-ray through our CQC-registered partners when surgery is genuinely being considered. Seven days a week, no referral needed.

Assessed by orthopaedics without a referral

Seven days a week, bloods in-house, imaging arranged fast.

Book an appointment

or call 020 7916 0029

Where to get help

Tower Bridge Hospital London
97–99 Whitechapel Road, London E1 1DT

020 7916 0029

WhatsApp **07903 284 189**
info@mhwclinic.co.uk
Open 7 days, 9am–7pm

In an emergency
Call 999, or go to the Royal London Hospital Emergency Department, Whitechapel Road, London E1 1FR.

When we are closed and it is not an emergency
Call NHS 111 or visit 111.nhs.uk.

Related: **Orthopaedic** · **Physiotherapy** · **Musculoskeletal** · **All patient leaflets**

Written and reviewed by Dr H Bolat, GP & Clinical Director **Review date: 26 July 2026** **Next review due: July 2028**

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This leaflet is based on current NHS and NICE CKS guidance on bunions (hallux valgus). It is general information and does not replace advice from a clinician who has assessed you. If your symptoms change or you are worried, contact us on 020 7916 0029, call NHS 111, or call 999 in an emergency.