



# Hallux Valgus: Surgical Treatment

# Intro

- Clinical Assessment
- Investigations
- Treatment



# Clinical Assessment

- Severity of Symptoms
- Location of pain
- ? Secondary cause (i.e. RA)
- Patient Expectations
- “Not the incision but the decision”

# Clinical Assessment

- Severity of Deformity – wide forefoot
- Stiffness / Correctability
- Hypermobility 1<sup>st</sup> ray
- Lesser toe problems
- Pes planus
- Neurovascular exam

# Investigations

- STANDING AP and Lateral
- Angles
  - DMAA, HV, Intermetatarsal Angle
- Congruent / Incongruent
- Degenerative Change

IM angle  
9-11



DMAA

<10

R



HV Angle  
< 15

R







# Classification

	<b>HV angle</b>	<b>IMT angle</b>	<b>Incongruent MTPJ</b>
<b>Normal</b>	<15deg.	<9deg.	No
<b>Mild</b>	15-20deg.	9-11deg.	No
<b>Moderate</b>	20-40deg.	11-18deg.	Yes (unless abnormal DMAA)
<b>Severe</b>	>40deg.	> 18deg	Yes

# Surgical Decision Making

- Flow charts
- Know the principles and a few procedures
  - Akin
  - Chevron (and its modifications)
  - Proximal 1<sup>st</sup> osteotomy
  - Modified McBride's
- 5 common scenarios

# Scenario #1

- Older Patient
- Severe deformity (HV angle  $> 40$ )
- Inflammatory disease
- Degenerative Changes
- FUSION ? Keller's ? Prosthetic arthroplasty

# Scenario #2

- Hypermobile 1<sup>st</sup> ray
- Lapidus Procedure



# Scenario #3

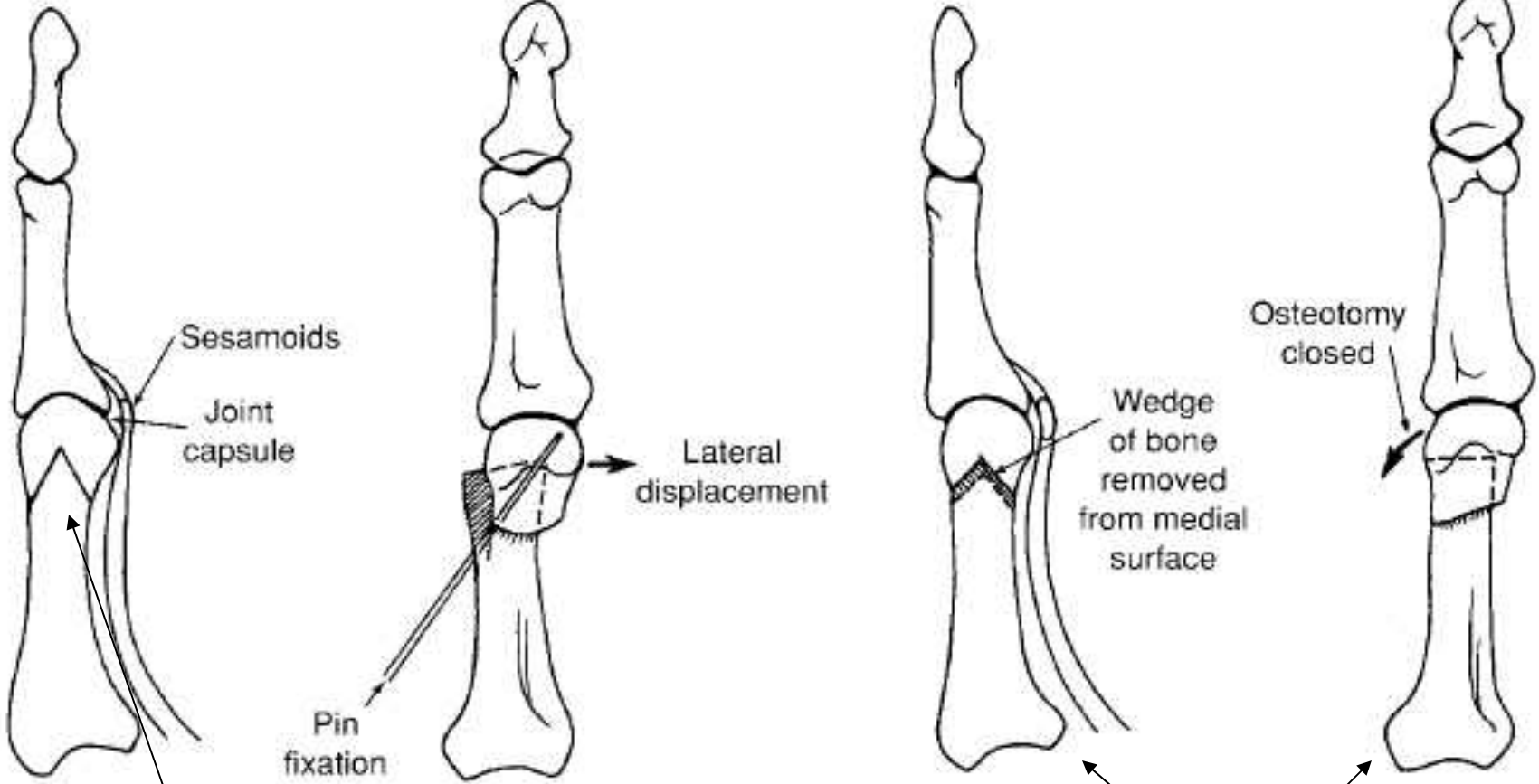
- Young Patient (congenital Hallux Valgus)
- Congruent, Increased DMAA, Increased IMA
- All Extra Articular
  - Proximal
  - Chevron / Medial closing wedge distally
  - Akin
  - NO lat release / NO medial tightening

Lateral

Anteroposterior

Lateral

Anteroposterior



60 degrees

Can help fix the DMAA

# Proximal 1<sup>st</sup> Metatarsal Osteotomy

- Dome
- Opening/closing
- Myerson





# Scenario #4

- Middle aged patient / wide forefoot
- Incongruent, Increased IMA, Normal DMAA
  - Proximal
  - Lateral release / Medial tightening (Modified McBride)
  - +/- Akin

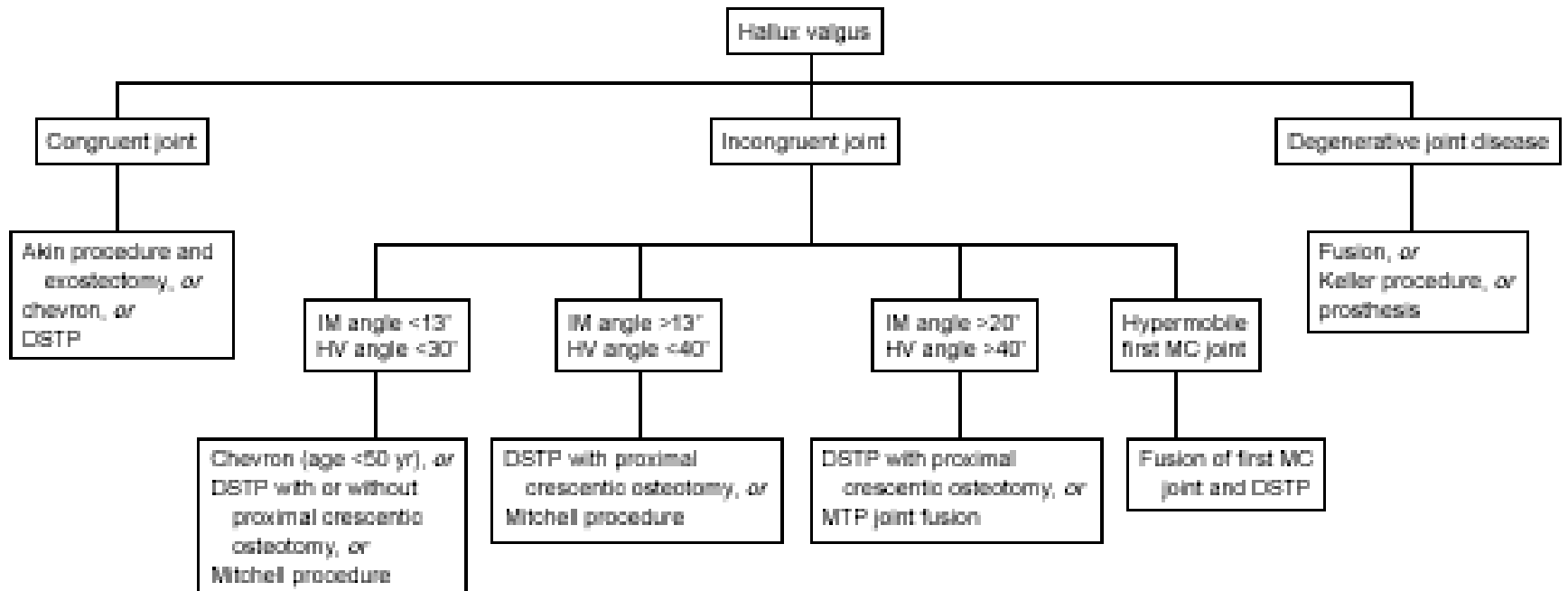
# Modified McBride

- Adductor Hallucis release
- Transverse metatarsal ligament release
- Lateral Capsular release



# Scenario #5

- The most common one
- Middle aged female
- Not severe, Normal IMA, Slightly incongruent
  - Chevron, medial capsular tightening
  - +/- Akin



# Complications

- Non-union
- AVN (avoid distal osteotomy and McBride's together)
- Recurrence
- Hallux Varus

# Hallux Varus



# Case 1





# Case 2



# Case 3





**!!Thank You!!**