

Morton's Neuroma

Information for patients from Trauma and Orthopaedics (T&O)

You have been given this leaflet because you have been diagnosed with Morton's Neuroma. This information may help you understand your condition and what your treatment options are.

What is Morton's Neuroma?

Morton's Neuroma is an inflammation (swelling) and thickening of a nerve in your foot. It is found between the metatarsal bones, a group of five long bones in the foot (see diagram).



Comparison between a normal nerve and an inflamed nerve (neuroma)

What causes Morton's Neuroma?

Morton's Neuroma is thought to be the result of repeated trauma or friction from tight shoes. It can be mistaken for metatarsalgia (pain in the ball of your foot).

What are the symptoms?

Common symptoms include pain in the ball of your foot linked with burning and/or pins and needles in your toes. Sometimes there is numbness in your toes.

What happens if I ignore the condition?

The reason(s) why you came to the appointment may not get better and sometimes can get worse. It is difficult to predict.



What are the treatment options?

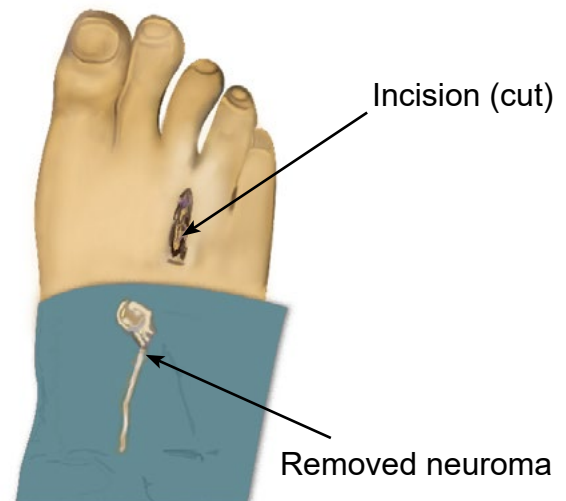
- Measures to off-load this painful area, such as **using metatarsal pads** and **changes to your foot wear**, can help improve your symptoms.
- If an ultrasound scan has been suggested by your doctor to investigate your diagnosis and a neuroma is present, you can use this scan to have **a guided injection**. This is usually a corticosteroid injection, which may help to reduce your inflammation.
- Surgery should only be considered after you have tried the treatments listed above.

What happens during surgery?

Surgery will involve the removal of the problematic neuroma through an incision (cut) on the top of your foot, between the metatarsal heads (see diagram).

With the removal of the nerve, the webspace and side of your toes will remain numb but will no longer be painful.

You will discuss this procedure with your surgeon before any treatment is decided. You will have a chance to ask any questions or raise any concerns you may have.



Will I have a general anaesthetic?

The surgery is normally carried out under general anaesthesia (you will be asleep).

You will be given instructions at your preassessment appointment about when to stop eating/drinking, what to do with your medications, and where to come on the day of your surgery.

How long will I have to stay in hospital?

This procedure is performed as day surgery.

You will need someone to drive you home after your surgery and someone must stay with you overnight.

What happens when I arrive at the hospital?

Once you get to the hospital you will be seen by the nurses, a physiotherapist, and doctors who will explain the procedure. Please use this time to ask any questions.

You will be asked to change into a hospital gown and stockings.

How will I feel after my surgery?

You will be given painkillers to help with any discomfort after your operation. Everyone reacts to the anaesthetic differently. Feeling sick is common and we do our best to avoid this.

What happens after surgery?

- Your foot will be in bandaging.
- You will be given a surgical shoe to allow you to weight-bear whilst protecting your foot, unless specifically advised not to by your surgeon.
- You will be given crutches for support. Please use these as advised by your doctor.
- It is important to elevate (raise) your ankle as much as possible in the first few weeks (see diagram below). We recommend that you move your ankle as much as possible.

An example of good posture and elevation



Will I have a follow-up appointment?

Yes, you will have a follow-up appointment two weeks after your surgery. Your bandages will be removed at this appointment and your dressings changed. If your surgeon is happy with your progress, you will also be allowed to start wearing a normal comfortable shoe.

When can I start my normal activities again?

Returning to impact sports should be possible from four weeks after your operation, however be aware that this could take up to eight weeks.

When can I start driving again?

This is a difficult question to answer as it varies between patients. Your healthcare professionals are not able to take responsibility for this. You will need to check with your insurance company as to when they will be willing to insure you to drive again. It is important not to be in a cast or boot when driving, and you must be able to do an emergency stop safely before driving again.

When can I return to work?

This will depend on how much your work needs you to put weight on your affected foot. If your work is sedentary (you mainly sit at a desk) and you can keep your foot elevated, then you can return to work after two weeks. If this is not possible, and your job is more active, you should expect to return to work after four weeks.

What are the risks?

As with any surgery there are risks, and these will be discussed in more detail when you speak with your surgeon. However, common complications include the following.

- You can expect **swelling** for up to six months, particularly in the evenings.
- **Infection** rates are low, and antibiotics are given before any surgical treatment begins. However, if infection does happen this can cause significant problems. If you get a skin infection, this can be managed with antibiotics. If there is a deep infection, it may be necessary to remove any unhealthy bone, combined with a long course of antibiotics.
- **Nerve injury** can result in numbness around your wound. After surgery it is expected that the webspace will be numb, as the nerve has been removed. If a stump neuroma develops, this can cause significant discomfort and may need further surgery.
- **Chronic Regional Pain Syndrome** can develop when the nerves around the operation site become overly sensitive. Swelling, skin changes, and stiffness can happen and make you feel weak. This is uncommon but if it does happen it is usually managed by a specialist in pain management.
- **Deep Vein Thrombosis (DVT)/Pulmonary Embolism (PE)** is rare with this surgery as you are allowed to weight-bear immediately after your surgery using a surgical shoe and can continue to move your ankle.

What if I have any questions or concerns once I return home?

You can contact the team secretary through the hospital switchboard if you have any questions before your surgery (please refer to your appointment letter).

After surgery you can call the team secretary, the ward, or your GP if you have any further concerns or questions. If you are concerned and cannot get in touch with anyone go to your nearest Emergency Department.

If you would like this information in **another language, audio, Braille, Easy Read, or large print** please ask a member of staff. You can ask someone to contact us on your behalf.

Any complaints, comments, concerns, or compliments please speak to your doctor or nurse, or contact the Patient Advice and Liaison Service (PALS) on 01227 78 31 45, or email ekh-tr.pals@nhs.net

Patients should not bring in large sums of money or valuables into hospital. Please note that East Kent Hospitals accepts no responsibility for the loss or damage to personal property, unless the property had been handed in to Trust staff for safe-keeping.

Further patient leaflets are available via the East Kent Hospitals web site www.ekhuft.nhs.uk/patientinformation