

# Morton's Neuroma Surgery

## Morton's neuroma

Following your consultation with a member of the Foot and Ankle team you have been diagnosed with Morton's Neuroma. This leaflet aims to give you additional information about your condition and the possible treatments. It is designed to give you some general details about the recovery from surgery if necessary and the common risks and complications. This leaflet is not for self diagnosis. Please ask your surgeon if you have any further questions. If anything changes before the operation please let your surgeon or their secretary know (e.g. skin problems, infections, injuries).

## What is it?

A Morton's neuroma is swelling and irritation of a nerve that lies between two metatarsal bones of your foot. It causes pain in the ball of your foot and possibly your toes. The cause is not fully understood, but local compression with tight or high heeled shoes plays



A cut is made at the base of the affected toes.

a role and certainly makes the symptoms worse. It can sometimes be treated with simple measures such as calf stretchers, comfortable shoes, weight loss, insoles and simple pain tablets. If these measures do not work, an ultrasound scan may be requested and an injection of local anaesthetic and corticosteroid can be tried. Sometimes, if the response is not complete, you may require more than one injection. If this is not sufficient to control your symptoms, the trapped nerve can be surgically removed. Occasionally people have Morton's neuromas in both feet.

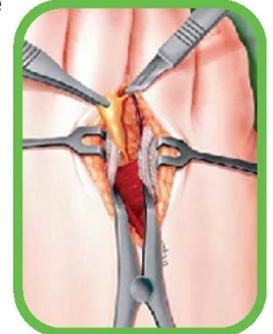
## What does the operation involve?

A cut is made on top of the foot between the metatarsal bones. The nerve is identified and a

short section is removed. The swollen nerve is removed. The skin is stitched up and the foot dressed with a firm bandage.

## Can it be done as a day case operation?

If you are medically fit, have someone who can collect you and look after you after the operation and you are comfortable afterwards, the operation can be done on a day case basis. However, if you have other medical problems such as diabetes, asthma or high blood pressure, you may have to attend the preoperative assessment clinic 2-6 weeks before your surgery. You may need to stay in overnight after your surgery. You must stay overnight if there is no one to collect and look after you.



## Will I have to go to sleep (general anaesthetic)?

The operation can be done under general anaesthetic (asleep). Alternatively, an injection in the back, leg or around the ankle can be given to make the foot numb while you remain awake. Local anaesthetic injections do not always work and, in that case, you may have to go to sleep if the operation is to be performed. Your anaesthetist will advise you about the best choice of anaesthetic for you. In addition, local anaesthetic may be injected into your leg or foot while you are asleep to reduce the pain after the operation even if you go to sleep for the surgery. You will also be given painkilling tablets as required.

## Will I have a plaster on afterwards?

No, you will not have a plaster on.

## What will happen afterwards?

You can go home when comfortable and safe. For the first 2 weeks, you should avoid walking

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if possible and only put your weight through the heel. When not walking, rest with your foot elevated to reduce swelling. You will be seen in the clinic approximately 2 weeks after your operation. The dressings will be removed, the wound examined and the stitches removed. You will then be more mobile and able to walk on your whole foot using crutches to support you. Another clinic appointment will be made for 6-8 weeks later.

### How soon can I...

#### Walk on the foot?

For the first 14 days you should avoid walking if possible, but if you need to walk put all of your weight on the heel. When not walking, you must rest with your foot elevated as much as possible to reduce swelling. After this you can be more mobile.

#### Go back to work?

This depends on what you do and how you get to work. If you have a sitting down job that you could do with your foot in bandages and you can get to work, you could probably go back to work 2-3 weeks after surgery. If you have a heavy manual job you may be off for up to 2 months. If you need to drive to work, this will affect when you can go back. Your surgeon or foot and ankle nurse will advise you about going back to work.

#### Drive?

Once your bandages have been removed you may be able to start driving again. You must be comfortable and not too stiff before trying to drive. Start by sitting in the car and trying the pedals. Then drive round the block. Drive short distances before long ones. If you cannot safely make an emergency stop, your insurance will not cover you in the event of an accident. Ask your surgeon or foot and ankle nurse when it is safe for you to drive again.

### Play sport?

After your dressings have been removed you can start gently exercising your foot and walking further each day. When you are comfortable doing this, you can start gentle running and stretching. Contact, twisting and impact sports can follow as comfort dictates. Everyone varies as to how quickly they can take up exercise again. Be guided by your own body's reactions and the advice of your surgeon. Most people can get back to most of their previous activities within 3 months of Morton's neuroma surgery.

### Risks

- The foot tends to swell quite a lot after surgery. Swelling is part of your body's natural response to any injury and surgery is no exception. In addition, your foot is at the bottom of your body so fluid tends to collect in its tissues and cause swelling. People vary in how quickly this swelling disappears after an operation and 4-6 months is not all that unusual. Provided you are not having undue pain or inflammation there is probably nothing to worry about and you can afford to give it time.



- The wounds usually heal quickly, but occasionally these can become infected and need antibiotics.
- As the trapped nerve has been excised, the sides of the 2 toes it supplied will be permanently numb. Occasionally, people find this slightly strange but usually they become accustomed to it.



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- Occasionally, the end of the nerve that has been cut can become trapped or inflamed and cause continued pain. For some of these people, further surgery is necessary.
- There are general risks with any operation that include blood clots, anaesthetic complications and tourniquet complications. Generalised pain, swelling and stiffness can occur (chronic regional pain syndrome - CRPS).
- COVID-19 infection increases the risk of complications and we recommend you read the separate leaflet about this. If you are in one of the vulnerable groups you should think very carefully about proceeding with surgery unless it is absolutely necessary

Philadelphia.

NHS Constitution. Information on your rights and responsibilities. Available at [www.nhs.uk/aboutnhs/constitution](http://www.nhs.uk/aboutnhs/constitution)

### Wellbeing Advice

Patients that have a healthy diet, regular exercise and refrain from smoking prior to surgery are more likely to experience quicker and better recovery and may also have a more successful outcome with their surgery. If you have any concerns about your general health and well being (diet, exercise, smoking cessation) you are encouraged to discuss this with your GP, who will be able to provide advise on the options available to you.

### Further information

The figures for complications given in this leaflet have been taken from information produced by the British Orthopaedic Foot Surgery Society using audits from all areas of the UK.

The British Orthopaedic Foot Surgery Society web site is available at: [www.bofas.org.uk](http://www.bofas.org.uk)

Morton's Neuroma (metatarsalgia) Mann, Coughlin and Saltzman (2007) Surgery of the Foot and Ankle 8th edition, Elsevier,