

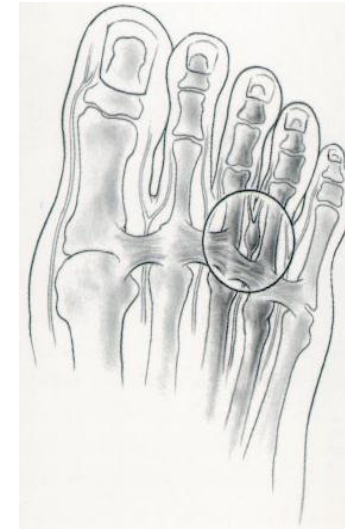
These notes are intended as a guide only and some of the details may vary according to your individual circumstances.

RUH

Information for Patients

Morton's Neuroma

Advice Sheet



For more information

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A Morton's neuroma is a benign swelling of a nerve in the ball of the foot. It affects the nerves which supply sensation to the toes, most commonly the nerve between the 3rd and 4th toes (75%) and less commonly between the 2nd and 3rd toes (25%).

Cause

The cause of nerve swelling is repeated compression. The nerve sits in a tight space between 2 bones (metatarsal heads) and underneath a ligament that connects the 2 bones. The nerve becomes trapped when standing and walking. The nerve becomes inflamed and scar tissue is laid down around the nerve. It therefore has even less room and is more liable to further compression.

It affects women 10 times more commonly than men and usually between the ages of 30 – 60.

Symptoms

Pain is felt in the ball of the foot, when walking and standing that may radiate down into the toes. It is worse when wearing shoes, particularly with a high heel. Relief is felt on removing shoes at the end of the day. It may feel as if you are walking on a pebble and you may also feel a clicking sensation in the ball of the foot. The swollen nerve may make two adjacent toes spread apart.

Examination may reveal tenderness between two toes and specific tests may reproduce the pain. The diagnosis is usually confirmed by further imaging (ultrasound or MRI).

Follow-up

You will be seen after approximately 2 weeks when the dressings and stitches will be removed. The foot is often slightly swollen at this stage and so a comfortable pair of loose fitting shoes or trainers will need to be worn and should be brought to the out-patient appointment. You will be seen, hopefully for a final check after 6-8 weeks.

Driving

You should not drive a manual car for 2 weeks following surgery. After this you should start gradually to see if you are comfortable. It normally takes a few days to feel confident. If you have an automatic car and have only had the left foot operated upon then you may drive after 2-3 day

Work

If you have an office based job then you should be able to return after 2 weeks. If you have a more physical job then it may take 4 weeks.

Recovery

It often takes 3-6 months for all swelling to resolve following Surgery and so minor swelling late in the day is not unusual and should not be a cause for concern. The sole of the foot usually feels bruised for 2-3 months after surgery.

Post Operative Advice Following Excision of a Morton's Neuroma

Dressings

Your foot has been dressed in a wool and crepe bandage. This dressing should not be changed until you are seen at your first follow-up appointment after 2 weeks. The dressing must be kept clean and dry.

Elevation

It is very important that you rest as much as possible and keep your foot elevated. Try to avoid letting it hang down when sitting as this will lead to swelling and pain. This is most apparent within the first 2 weeks but swelling may occur for up to 3 months after surgery. In bed, put the foot on a pillow

Analgesia

You will receive a prescription for pain medication on discharge. Pain is often due to swelling and this is eased by rest and elevation of the foot

Walking

A special shoe has been supplied for you to wear over your dressings which should be worn during the day for 2 weeks. A physiotherapist will show you how to use crutches and apply the shoe. You may walk on the foot however it is comfortable but initially this will probably be by taking the weight through the heel. It is not necessary to wear the shoe in bed

Treatment Options

Initial treatment is by shoe modification. High heels and tight fitting shoes should be avoided. An insole may be of benefit to relieve pressure on the affected area. A steroid injection can be used in the early stages of treatment. If symptoms fail to settle then the neuroma can be removed surgically.

Operation Details

Surgery is performed as a day case under general anaesthetic. The procedure takes 15 minutes. It is successful in 90% of cases.

A 5cm incision is made on the top of the foot between two toes (occasionally it is necessary to approach the nerve through a cut in the sole of the foot). The affected nerve is removed. The skin is stitched and a wool and crepe bandage applied.

Risks of Surgery

- Infection

This is always a risk when a cut is made in the skin. Every possible precaution will be taken. In the vast majority of cases it will be eradicated with a course of antibiotics.

- Recurrence

The cut end of the nerve may swell and cause symptoms (5%). This may require further surgery.

- Numbness

The nerve that has been removed would normally supply sensation to the adjacent sides of two toes. Therefore you can expect small areas of reduced sensation in the affected toes.

- Scar sensitivity

This is helped by massaging the scar regularly to de-sensitise it.

General considerations

- Swelling

Feet tend to swell after surgery. Excessive swelling causes pain and increases the risk of complications. The best way to prevent this is to elevate the feet as much as possible.

- Smoking

Smoking leads to a huge increase in surgical risk, particularly affecting wound healing and infection (16 times higher). It is strongly advised that you stop smoking prior to any surgery.

- Blood Clot

A blood clot in the deep veins of the leg (deep vein thrombosis / DVT) may occur following foot and ankle surgery but is rare. There are many factors to take into account when considering the level of risk and it may be necessary to give injections or take medication to reduce the risk. There is a very small chance that the clot may break off and travel to the lungs (pulmonary embolus/ PE) and this can be dangerous, even life threatening. If you feel that the calf has become swollen and painful or you become breathless then seek medical attention immediately.

- Anaesthetic

Surgery is usually performed under general anaesthetic and so you are asleep. This is incredibly safe but there are exceptional circumstances where an adverse reaction may occur which is dangerous, even life threatening. Certain patients have many medical problems which may increase the risk and so it may be necessary to be seen by an anaesthetist to further discuss the issues prior to being brought into hospital.

All patients will be checked for fitness for surgery in our specialist pre-operative assessment clinic.