Patient Information
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NHS Golden Jubilee

Morton's Neuroma

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Version 2

About this leaflet

This leaflet provides information about Morton's Neuroma. It tells you about treatment of the condition and explains the risks and the benefits of surgery and what you can expect when you come to hospital.

About Morton's Neuroma

Morton's Neuroma is a thickening of the tissue surrounding one of the nerves leading to your toes.

Symptoms of a Morton's Neuroma typically include shooting, stabbing or burning pain and the feeling of a small marble or stone being stuck under your foot. Some people may also have numbness or tingling in the ball of the foot and into some of the toes. The symptoms may be worse when your stand on the foot or move the toes or wear tight or high-heeled shoes.



Causes

Repeated irritation to the nerve when walking or standing leads to the nerve thickening and becoming trapped between the front part of the bones in your foot (metatarsal heads). This is more likely to happen when wearing footwear with high heels or footwear which is tight, pointy and squeezes your toes together. Sometimes there is no obvious cause.

Symptoms normally ease when you take off your footwear. It usually happens between your second, third and fourth toes.

Treatments

Non Surgical

You do not need surgery if the pain is mild-moderate or infrequent.

Initially, you should always try non-surgical modifications and treatments to ease the pressure and pain. These may be all that you need to ease your symptoms.

- Wear accommodative cushioned shoes with supportive inbuilt insoles.
- Wear insoles or insert padding into your footwear to support underneath or just behind the painful area.
- Your GP can refer you to the Podiatry/ Orthotic/ Surgical appliance department for assessment, exercises and more specialised insoles.
- Avoid wearing high heels and tight, narrow footwear.
- Taking painkillers to help reduce pain and inflammation. Seek advice from your GP or Pharmacist.
- If these measures do not work, a diagnostic ultrasound can assist in diagnosis of this condition.
- If appropriate, an injection of local anaesthetic and/or steroid may be tried. Some GP practices can arrange this. If not, they can refer you to an Orthopaedic Specialist for this.
- Maintaining a healthy weight.

Surgical

The above management options should always be tried first. If non-surgical treatment does not work, your doctor may refer you to Orthopaedics to discuss possible surgical options.

Surgery is aimed at helping reduce the pain. It does so in 70-80% of patients.

The surgery involves cutting just behind the thickened nerve tissue and as result it is likely to leave you with permanent numbness in the symptomatic area and the involved toes.

Whilst this surgery is designed to help pain, it will result in a small area of numbness that will most likely not recover. Therefore, this surgery should never be performed if numbness is the main symptom rather than pain.

Initial orthopaedic appointment

Your first appointment will take place either by video technology or face to face. Your surgeon or orthopaedic specialist will examine you and will then discuss the nature of your foot problem. If you have tried non-surgical treatments, then you will discuss surgical options if they are appropriate, before agreeing to the surgical procedure involved. Information about surgical risks, benefits, recovery expectations and milestones will be discussed at this time, along with information on your overall recovery following your operation.

Risks of surgery

Smoking, Diabetes, and some medications like steroids increase the risks considerably.

Surgical risks include:

Infection	This is a potentially serious risk after any operation but it is very uncommon after this type of surgery. Symptoms to look out for include increasing pain and redness around your wound and a foul-smelling discharge from your wound. If you think your wound has become infected, please contact us straight away. You may need antibiotics.
Ongoing pain or swelling	The foot can be markedly swollen and bruised. Any pain or swelling usually settles over time. You may need to wear a larger size of shoe temporarily until the swelling settles which can take months. Very regular high elevation of your foot will still be of benefit during this time.
Recurrence	This is an uncommon risk where it might feel like the original neuroma has returned. However, it is more likely that the cut end (or "stump") of the nerve has become lumpy and painful. This is known as a "stump neuroma". It can cause similar symptoms as the original neuroma and rarely may require further surgery.
Damage to blood vessels	This is an uncommon risk. Great care is taken to avoid damage to the blood vessels in your foot during your operation. It is rare for the circulation to the toe(s) to be jeopardised as a result. You may uncommonly experience significant bruising as a result.
Scar problems or hypersensitivity	Scar formation is an inevitable consequence of surgery. Usually the scar will heal and fade until it is barely noticeable. Uncommonly, the scar might heal excessively thick, raised or discoloured. This may also be itchy, tender or painful. Some people have a natural predisposition to this type of scarring. It usually fades over time but sometimes a distinct scar will remain. If you have concerns or known scarring problems, please ask for advice. Hypersensitivity is an uncommon risk after any operation involving a scar. Please contact us and we will discuss how to manage this as we can show you simple desensitisation exercises which are usually very effective.
Limitations in footwear	For example inability to wear high heels.
Blood clots in your leg (DVT) or lung (PE)	This is extremely rare in neuroma surgery. Because blood thinning medications themselves have serious risks, we do not routinely give such medication in patients with low risk. We will assess your individual risk before surgery, and if thought to be high (such as previous clots, family history of clots, hormone replacement therapy or oral contraceptives, obesity, smoking, and/or cancer), we may give you blood thinning injections or tablets. If you develop chest pain, shortness of breath, dizzy spells, and/or cough up blood, please go to your local Accident and Emergency Department urgently.
Complex Regional Pain Syndrome (CRPS)	This is a very rare condition caused by damage to, or malfunctioning of, the nervous system in relation to the surgery. This can cause prolonged or excessive pain, extreme sensitivity and changes in skin colour, temperature and/or swelling in the foot and ankle which does not settle down. If this happens you may benefit from referral to a pain specialist.

Consent

We must by law obtain your written consent to any operation and some other procedures beforehand.

Staff will explain the risks, benefits and alternatives before they ask you to sign a consent form.

If you are unsure of any aspect of the treatment proposed, please do not hesitate to speak with a senior member of the staff again.

Assessment before surgery

Before your operation you will need to have a pre-op assessment appointment. This may take up to 4 hours to carry out, and could be on a different day to the appointment with your surgeon. You will have some screening tests which may include blood tests, swabs and an electrocardiogram (ECG). You will be asked questions about your health, medical history and your home circumstances. Please bring with you details of any medication you are currently taking.

You will be given information such as:

- when to stop eating and drinking in the hours before your operation
- whether and when you should stop taking your usual medications such as HRT, Warfarin, Clopidogrel or drugs for inflammatory arthritis before going into hospital,
- what to bring with you into hospital.

Preparing for surgery

It is a good idea to get things organised for when you get home. You may need help with household tasks, you should ensure your food cupboards are stocked up, pre-arrange help with shopping, help with care of children, pets and relatives, and arrange someone to bring you to and from the hospital.

If you are a smoker, we strongly urge you to stop smoking at least 6 weeks before and for at least 3 months after your surgery to reduce postoperative risks and allow the healing to progress. Please contact your GP or smoking cessation service to assist you in this matter.

Quit Your Way Scotland is an advice and support service for anyone trying to stop smoking in Scotland. Scan the QR code on your device for further information. You can also contact Quit Your Way Scotland for free by either:

- phoning a Quit Your Way Scotland advisor on 0800 84 84 84; or
- chatting online with a Quit Your Way Scotland advisor. You can access this by visiting **https://www.nhsinform.scot/** and searching ‘Quit Your Way Scotland’.

Surgery

Surgery usually takes 45 minutes. You will have this surgery under either a general or spinal anaesthetic, as well as a local anaesthetic in your foot, to help keep you comfortable when you wake up.

A tourniquet is placed around the calf or thigh of the operated leg and the leg is cleaned with antiseptic solution.

A cut is made on the top of your foot just behind the webspace between 2 toes, the toe bones are spread apart, the area is explored, and the thickened nerve segment is identified and cut out. Care is taken to protect the adjacent blood vessels. At the end of the operation a dressing is placed on the foot.

After surgery

You will go back to the day ward for at least 1 hour to recover from your anaesthetic.

This procedure is normally carried out as a day case and you can go home the same day. Occasionally you may have to stay in hospital overnight after your operation.

If you go home on the same day, it is recommended that you have a relative, friend or carer who can escort you home and stay with you for the first 24 hours after your procedure. Please let them know that they may have to wait for you if you are not ready to leave. You will not be able to drive initially and should not take public transport home.

You will be given a special shoe to wear until your wound has healed.



You will have a large bandage on your foot. This should stay on and should be kept dry until you are seen 2 weeks after surgery.

If you have had a local anaesthetic during your operation, it will temporarily numb your foot and ankle for several hours, then it will start to wear off and normal feeling will return. Local anaesthetic usually wears off within 24 hours. Occasionally there can be patchy numbness or tingling which resolves over several days. Some of the numbness will be from cutting the nerve and not from the anaesthetic so this will be permanent and is expected.

As the anaesthetic numbness wears off, there may be some pain and you may need to take painkillers for the first couple of weeks. It is advisable that you start taking these painkillers on the day of surgery so that they are in your system before the anaesthetic wears off. Do not wait until the pain has already started as it can be harder to get in control of the pain. You will be given advice on what painkillers are suitable for you to take.

You will need to keep your operated foot in an elevated position (toes above nose level) as much as possible for 2 weeks following your surgery. During this time, you should only get up for essential tasks, such as going to the toilet.

Elevation



Follow-up appointment

You will be seen about 2 weeks after surgery to review your wound and for trimming of stitch ends. This will normally take place at your local health centre but occasionally we may arrange for you to return to the clinic at the Golden Jubilee University National Hospital (GJUNH).

A Nurse will trim underneath the knots of the exposed stitches at either end of the wound to remove them. The rest of the stitches do not need to be removed and should dissolve.

Once your wound is fully healed, you do not need to have a dressing on it. We will review you again about 6 weeks after surgery.

Getting back to normal

Full recovery may take up to 6 months.

It usually takes about 12 weeks for the swelling to ease but it may take much longer. If your foot continues to swell you should elevate it when you can to try and control this.

When the swelling has reduced enough, you can wear enclosed, supportive shoes such as trainers.

Driving: You may usually start driving again when you can comfortably wear a normal shoe, control the clutch and brake and do an emergency stop. This is usually by 2 to 4 weeks after surgery but please check with your insurance company first.

Work: If your job is sedentary, you may be able to return to work after 4 to 6 weeks. If your job is active or involves standing, you may need a little more time off to recover.

Contact

Please contact the Orthopaedic Outpatients Helpline on 0141 951 5521 if you have any issues after your surgery that you wish to discuss. This is an answering machine service that is regularly monitored Monday to Friday 8.30am to 4.30pm. Please leave your name, date of birth or CHI number if you know it, telephone number and a short message.

If your query is urgent and you require a response out of hours, please call the GJUNH switchboard on 0141 951 5000 and ask for the Orthopaedic ward.

Notes

All of our publications are available in different languages, larger print, braille (English only), audio tape or another format of your choice.

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reviewed for plain English

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