

## Soft Tissue Swellings

Swellings occur on the foot for various reasons. Most often the swellings are cystic- meaning they contain fluid. Cysts are usually soft to touch.

### Myxoid cyst

A mucous cyst is a small cyst full of gel-like fluid which develops on the top (dorsum) of the joints of the toes. The small joints at the tips of the toes are most usually affected. Mucous cysts are a common condition and are benign. They are caused by wear and tear (osteoarthritis) of the joint itself. If they are small, they can be left untreated. However, if the skin on top is thin, they might burst open and sometime become infected, which can lead to a more serious infection of the joint underneath. Sometimes pressure from the cyst can cause the nail to develop a groove-like deformity. For these reasons we sometimes offer to remove them with a small surgical operation.



### Ganglion cyst

Ganglions are harmless, rarely cause a problem, and we rarely operate on them. They often resolve spontaneously over months or years. They are rarely seen in older people. Surgery is not first line treatment for ganglions, as risks of surgery often outweigh the benefits. Ganglion aspiration under local anaesthetic has a high rate of recurrence ( between 50 - 80%). However it can be helpful to confirm the diagnosis, where this is in question.



### Firm Swellings – Plantar Fibroma

Firm swellings can be due to a swelling of the fat tissue (lipoma), nerve tissue (neuroma) or connective tissue (fibroma). Usually we have a good idea of the nature of the swelling before surgery from the appearance and the feel of it. However, sometimes we will scan your foot, usually an ultrasound scan, to learn more about the consistency of the swelling. Sometimes we need to remove them to determine the precise character of the swelling. The vast majority of soft tissue swellings in the foot are harmless.

**Plantar fibroma** are firm swellings which occur in the soles the feet. They are benign swellings, usually pea sized but sometimes larger. They can be tender when they first appear, but with time they become less noticeable. We rarely operate to remove these as the risks of surgery outweigh the benefits.



## Removing soft swellings

The procedure involves an incision (cut) over the swelling and the swelling is removed. Usually, the specimen is then sent to the pathology lab to confirm what it is. Then, the skin incision is either stitched closed or left to heal from the base. The wound is then covered with a dressing and a bandage, and you may be given a sandal to wear to accommodate the bulky dressing.

## Anaesthetic

The operation is usually a day-case procedure, carried out under a local anaesthetic (you are awake, but your foot is completely numb). You will receive an appointment to attend the pre-operative assessment clinic (PAC) a week or two before your operation date. Occasionally, patients prefer to have the surgery performed under a general anaesthetic. This is sometimes more suitable for younger patients. This will be discussed with you at the pre-operative assessment clinic. You will receive more details about your anaesthetic in an information booklet "You and your anaesthetic" when you attend the PAC clinic. Further details can be obtained at:

<https://rcoa.ac.uk/patient-information>

## What are the alternatives to surgery?

Removal of a soft tissue swelling is sometimes recommended, especially when we are uncertain as to the precise nature of the swelling. If you decide not to have an operation, you can manage your symptoms by changing your activity levels, using painkillers, changing footwear, and applying padding.

## Can I do nothing?

This will depend on a full discussion with your healthcare practitioner, however, in general, this is not a life or limb threatening condition and surgery is not essential. Surgery can be done at anytime and we can continue to monitor your symptoms. If your situation was to worsen (the swelling became bigger or more painful) you can always contact us to arrange a further discussion about it. You should carefully consider the advice given by your healthcare professional.

## What happens after surgery?

You will be able to weight bear soon after your operation, but you will be very limited in walking for the first 2 weeks or so. The following is a guide as to the expected recovery period:

- 1 - 2 weeks: Bandage/rest/foot elevation (Review in the Outpatients department clinic or GP nurse clinic)
- 2 weeks: return to work/return to driving
- 6 weeks: return to your usual activities

## What are the benefits of excision of a soft tissue swelling surgery?

The potential benefits from surgery are:

- A reduction in pain
- Removal of swelling will make your shoes fit better
- You will receive a confirmed diagnosis.

An improvement in these factors may also have a positive impact on your mobility and allow you to return to your usual activities.

## What are the potential risks?

Most people benefit from this operation however, there are no guarantees regarding surgery. There are general risks of surgery: infection, blood clots, mal/non-union of bone.

Specific risks related to this operation are:

- Wound infection (7%)
- Bone infection (1%)
- Tender scar (5%)
- Numbness or sensitivity in the foot and/or toe (5%)
- Residual pain despite surgery
- Worse foot pain
- Recurrent swelling (10%)
- Problems with toenail/thickened toenail (10%)
- Complex regional pain syndrome - lasting debilitating pain (1%)
- Blood clot in the leg (DVT) and/or lung (1%) (potentially life threatening)
- Amputation (0.01%)
- Death (0.001%)
- Need for further surgery
- Risk of patient dissatisfaction with the outcomes of surgery

**In the worst case, some of these risks may leave you worse off following surgery.**

**Smoking, other illnesses (such as diabetes, rheumatoid arthritis) or drugs (steroids or blood thinning drugs) increase the risks of surgery.**

**For appointment enquiries, please phone the  
Waiting list office: 0131 242 3437**