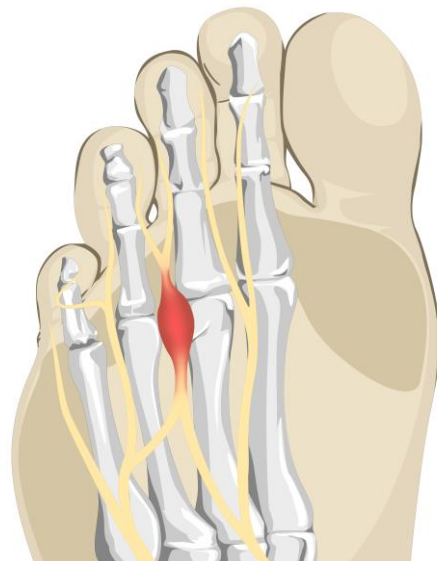


What is Morton's neuroma?

People with Morton's neuroma usually complain of pain that can start in the ball of the foot and shoot into the middle toes. The pain is usually worse with walking and comes and goes. Sometimes, in severe cases, the pain will bring the sufferer to an abrupt halt. There may also be burning, tingling or pins and needles or numbness in the toes. Some people describe the pain that they feel as being like walking on a stone or a marble.

The exact cause of Morton's neuroma is not known. It is thought to develop as a result of long-standing (chronic) stress and irritation of the nerve to your toes. This may be due to the nerve being squashed (compressed), rubbed, or stretched. Some thickening (fibrosis) and swelling may then develop around a part of the nerve. We know that wearing narrow shoes, thin soled or flimsy shoes make the pain worse.



Do I need an operation?

Surgery is indicated when the symptoms are significantly impacting on your activities of daily living, interfering with your sleep and are not managed with simple measures such as painkillers, steroid injections, footwear modifications and insoles.

What does the operation involve?

Surgery is carried out on a Day Case basis. It is usually performed under a General Anaesthetic (you are asleep) although it is possible to do under local anaesthetic (foot is numb). The procedure involves a small cut (incision) made on the top of your foot between the affected toes. The nerve is then removed. Usually, the specimen is then sent to the pathology lab to confirm the diagnosis. Some people are diagnosed with two nerves in the same foot. We would prefer not to remove two nerves as this leaves permanent numbness in the middle toes which is not ideal. Sometimes this numbness is more widespread and doesn't just affect the toes. It can extend into the ball of your foot. This can be associated with some lasting hypersensitivity and discomfort in the area. **Surgery involves removing the nerve to the toes.**

What happens after surgery?

Recovery from this type of surgery can be lengthy. 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 guideline of the expected recovery period:

- 1-2 weeks Bandage/rest/elevation (Review in OPD clinic or GP nurse clinic)
- 2-4 weeks Special shoe/ Return to work/ return to work
- 6 to 12 weeks: OPD clinic review
- 3 months - Return to activities
- 12 months - Pain/swelling resolved and back to normal

It is important for you to know that Morton's neuroma surgery will leave you with numbness or altered sensation in your toes. Footwear limitations will continue despite surgery.

Useful phone numbers

Waiting list office: 0131 2423437

What are the benefits of Morton's neuroma excision surgery?

The intended benefits from surgery are:

- A reduction in pain
- An improvement in pain may also have a positive impact on your mobility and function.

Surgery is carried out only for pain. We do not carry out surgery for altered sensation in the toes.

Are there alternatives to the surgery?

If you decide not to have an operation, you can manage your symptoms with some simple measures. **Choosing the right footwear is the key to making the Morton's neuroma pain better.** You should avoid high-heeled and narrow or pointed-toe shoes. Also avoid shoes with thin soles. Wear comfortable, wide-fitting shoes which don't squash your feet. Training shoes are helpful and a pair of sturdy walking shoes are ideal.

Shoe inserts (also called orthoses) for this condition can be bought in pharmacies over-the-counter. To protect the nerve, obtain a metatarsal pad, that is, a soft pad which sits below the ball of your foot. Podiatrists or orthotists can supply you with an insole designed for your foot.

Steroid injections are effective in relieving the pain of Morton's neuroma. However this usually a temporary effect and steroid injections are rarely a cure for Morton's neuroma.

Your operation may be carried out by a Podiatrist

This operation is one of the operations that may be carried out by a Podiatrist. Our Podiatrist has specialised in the care of foot problems for many years and has gained additional training to allow them to work as a member of the operating team. The Podiatrist is fully capable of performing this procedure to the highest standards and you will receive the same care provided by a surgeon.

What are the potential risks of surgery?

The majority of patients are satisfied with the outcome of this surgery. The success rate of big toe (first metatarsophalangeal) joint surgery is about 60-70%. There are general risks of surgery: infection, blood clots, CRPS, mal/non-union of bone (see links) and specific risks related to this operation:

- wound infection (7%)
- bone infection (1%)
- tender scar (5%)
- hypersensitivity in the toes/ball of foot (10%)
- pain in the ball of the foot
- residual pain despite surgery
- worse foot pain
- deformity of the toes
- persistent swelling (5%)
- risk of vascular compromise (1%)
- complex regional pain syndrome (1%)
- DVT, PE (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.

Can I do nothing?

This is not a life or limb threatening condition and surgery is not essential. Doing nothing is an option. Surgery can be done at anytime and we can continue to monitor your symptoms.