Morton’s neuroma
What is a Morton's neuroma?

Morton's neuroma is one cause of metatarsalgia, which is pain at the ball of the foot. This is usually associated with a painful “burning” sensation and perhaps with pins and needles or tingling in the front of the foot. It is due to inflammation of the nerve as it sits between two bones in the front of the foot. This usually occurs between the 2\textsuperscript{nd}, 3\textsuperscript{rd} or 4\textsuperscript{th} toes.

What causes a Morton's neuroma?

The cause of Morton’s neuroma is repeated injury to the nerve, which causes it to become enlarged and inflamed. The nerve can become trapped between the metatarsal heads when walking or standing.

How is it diagnosed?

A doctor or specialist will assess your foot by feeling your foot, by reviewing X-rays taken of your foot and by listening to the history you report about how it started.

Sometimes an injection or ultrasound scan can be helpful to confirm the diagnosis.

What is the treatment for Morton’s neuroma?

There are non-surgical and surgical options to treat a Morton's neuroma.

Non-surgical options include:
- Modifying footwear- wear wider shoes that don’t continue to inflame the nerve in the front of the foot
- Orthotics (insoles for your shoes)- metatarsal dome
- Physiotherapy for stretching exercises- so you decrease the pressure on the front of your foot
- Injection- this can be helpful to improve your pain as well as help with diagnosing the pain (if the injection works)

Surgery can be performed if the above non-surgical treatments do not improve your symptoms. This would include removal of the inflamed tissue from the front of the foot.
What is involved with the operation?

Under a general anaesthetic, a small incision is made in top of your foot between the toes where the Morton’s neuroma is located. An Orthopaedic Surgeon will perform the surgery. This is then closed with stitches that do not need to be removed.

Are there any risks associated with having the operation?

Possible complications of surgery include:

- Stiffness of the foot
- Bleeding from the incisions
- Delayed incision healing
- Infection
- Pain
- Swelling
- Blood clots- Deep vein thrombosis (DVT) or pulmonary embolism (PE) is rare. If you or your family have a history please let us know.
- Need for further surgery
- Return of your symptoms or reoccurrence of neuroma

What do I need to do before the operation?

It is a good idea to get things organised for your discharge from hospital. Below is a list of things it might be a good idea to organise:

- Help with household tasks
- Food cupboards stocked up
- Help with shopping
- Help with children, pets and relatives organised for your return home
- Someone to bring you to and from the hospital

What can I expect after the operation?

You will have wool and crepe bandaging on your foot and an Orthopaedic shoe. You will be walking full weight bearing in this Orthopaedic shoe. You must continue to wear this shoe until your wound has healed. Then you can discard it.
What happens after discharge from hospital?

You will be walking slowly. You will be seen by the Nurses at the hospital for them to remove your bandaging and clean the incisions. You will be making steady progress back towards normal day-to-day activity across 6 weeks.

What about pain?

Whilst you are in hospital you will be monitored and the medical staff give you painkillers as needed. The Nursing staff ensure that you know what medications to take for pain when you get home.

Keeping your leg elevated helps to control the pain and minimise the risk of your incision becoming infected.

*You will need to keep your leg elevated 50 minutes out of every hour for the first 2 weeks.*

This prevents your incision from leaking and becoming infected.

When can I return to work?

Your own circumstances will determine when you feel ready to go back to work. If you have an office-type job and you can elevate your leg then you should be able to return to work within 7 days. If your job requires a lot of walking or is strenuous then you may need 2-3 weeks off work. Patients can self-certificate their sick leave for 7 days. If you require a sick certificate please ask your GP.

When can I return to sports?

You will be able to return to normal sporting activity usually between 8-12 weeks after your operation.

These exact timeframes may vary slightly and will ultimately be decided by your Orthopaedic Surgeon and the progress you are making.
When can I return to driving?

You must be free of pain and able to perform an emergency stop. This will also depend on which foot was operated on (right or left). If you have had left sided surgery and drive an automatic car you may be able to drive 2-4 weeks following surgery. Your insurance company must be notified regarding the type of operation that you have undergone to ensure that cover is valid.

What should I do if I have a problem?

If you experience severe pain, excessive swelling, inflammation or discharge please report it to your GP. If you cannot contact your GP you should contact A&E.

Further information and advice

For further information and advice please contact NHS direct 24 hours a day on 0845 4647 or www.nhsdirect.co.uk.

You can contact our Patient Advice and Liaison Service (PALS) on freephone 0800 7838058 or pals@dchft.nhs.uk

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Last updated: October 2008
Code: