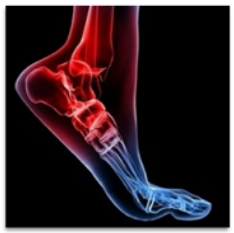
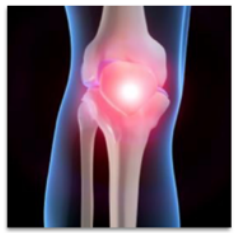

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Patient Information:
Morton's Neuroma

What is Morton's neuroma?

Morton's neuroma is a condition that affects one of the nerves that run between the metatarsal bones in the foot. The exact cause is not certain. Symptoms include pain, burning, numbness and tingling between two of the toes of the foot.

Why do I need this?

This operation is carried out to relieve the pain caused by the condition. Surgery is usually recommended when more conservative treatments such as wearing an orthotic insoles, exercises and sometimes injections don't work.

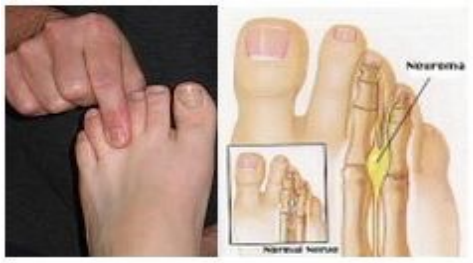
How is it done?

Surgery normally involves a small incision (cut) being made on the top of the foot between the affected toes. The surgeon will then divide the ligament between the 2 adjacent metatarsals to expose and cut out the affected nerve.

The tissue removed is sent off to the laboratory for analysis. The wound is closed with dissolvable stitches.

The operation takes about 30 minutes and is done under either a general anaesthetic (you are asleep) or a regional anaesthetic (you are awake, an injection in your back will numb the foot, you may be drowsy if you are also given sedation).

This is generally done as a day case procedure.



Possible risks/complications of surgery
Common but minor risks can include:

Pain – This can be worse in the first few days after surgery but responds to the prescribed painkillers. As time passes and your body starts to heal, this pain will reduce and you will only need simple painkillers (like anti-inflammatories or Paracetamol) until the pain settles completely.

Swelling – Operated feet tend to swell and this can last for several months.

Infection – as with all invasive procedures there is the risk of infection, more so in those patients who are diabetic, suffer from rheumatoid disorders or smoke.

Scarring – any type of surgery will leave a scar, occasionally this will be painful and inflamed.

Blood or fluid leaking from the wound – This is common and usually stops after a day or so.

Bruising or discolouration – This is almost inevitable after surgery. However, if you get a lot of bleeding, a white toe or a black toe, let the team know.

Minor redness around the wound – as with all surgery there is the risk of infection and some minor redness of the wound can happen and the wound edges take longer to heal fully.

You may need antibiotics to get this to settle.

Risks are higher is you are diabetic, suffer from a rheumatoid condition or smoke.

Prominent metal work – In some cases the screws or plates (if used during your operation) can become prominent under the skin and you will need to have them removed a later date.

Numbness – After surgery you are likely to have some minor numbness and tingling around the scar due to damage to small nerves.

Less common but more significant risks:

Failure of the bone to unite – this may occur in operations where the bone is fused. Some people heal slower than others and those who smoke are at a greater risk of this occurring. The surgeon may decide not to perform surgery unless you refrain from smoking.

Deep Infection – Although the operation is performed under sterile conditions and all precautions are taken to prevent this, a deep infection may happen and if the wound does not settle on antibiotics, you may need further operations.

Blood Clots – because you won't be able to move around as much after surgery, you can get blood clots in the veins (deep vein thrombosis or DVT) which can lead to pain and swelling of the calf or thigh. In very rare cases these blood clots can travel to your chest (pulmonary embolism) and can be fatal.

Your surgical team will probably discuss whether you should have thromboprophylaxis (drugs to reduce, but do not completely eliminate the risks of blood clots).

Thick (keloid) scar – Scars which grow excessively can occur in some people and cannot be predicted although you are at greater risk if you have previously keloid scar. Special dressings, injections into the scar or rarely surgery may become necessary to improve the appearance.

Delayed healing of the bone – This may happen if your bone is cut or fused. Some people heal slower than others and those who smoke are at a greater risk of this happening. If the bones don't seem to be knitting together, you may have to take weight off the area for longer or need more surgery.

Bone healing in a wrong position – This can sometimes happen and you need more surgery.

Persistent or recurrent symptoms – In some cases, you may continue to suffer pain and the foot may be deformed. You may need surgery or other measures.

Broken bone or metalwork – A bone could fracture or a metal pin or screw could break during or after surgery and you may need another operation.

Developing secondary problems – This can include overloading areas close to the ones operated on. In other words, surgery on your big toe may lead to pain transferring to the second toe or unusually, an overcorrected bunion may lead to a reverse deformity.

A fused ankle joint can cause an overload of the surrounding hind foot joints and cause pain. Surgery to the newly affected areas may be needed.

Chronic pain – This is rare but a syndrome (such as chronic regional pain syndrome CRPS) can cause swelling, stiffness, pain and colour and temperature changes to the foot.

Treatment includes medication and physiotherapy and it could take several months to improve. Doctors are still not sure exactly what causes this syndrome.

Toe deformities – In surgery to the toes, a toe can become floppy or stiff or heal in an abnormal position which might need further surgery.

Damage to the blood vessels – If the blood supply to part of the foot is damaged, it could lead to an area of permanent damage which needs surgery, but this is rare.

Nerve injury – If a larger nerve supplying the foot becomes damaged or caught in scar tissue, it could lead to on-going pain, numbness and tingling. This damage often doesn't last and the sensation usually returns over a period of time. However, in some cases it can be long-lasting or permanent and need further surgery.

Amputation – In very rare cases, part of the foot or lower leg may need to be removed if there is severe infection or blood-vessel damage or uncontrolled pain.

Death – This also is extremely rare for foot and ankle surgery but can happen if you have other medical conditions such as heart problems.

If there is anything you do not understand or if you have any questions or concerns, please feel free to discuss them with your doctor or nurse.

Getting ready for your operation

You will usually be seen in the pre-operative clinic before you are admitted to hospital. Here you will have blood tests and sometimes a heart trace and a chest X-ray, if appropriate. You will be assessed to see if you are fit for the anaesthetic.

The staff will ask routine questions about your health, the medicine you take at the moment and any allergies you may have

If there is anything you do not understand or if you have any questions or concerns, please feel free to discuss them with your doctor or nurse.

After the operation

You will have mild to moderate pain to the scale of 5/10 and will need some painkillers for the first few days. You need to keep the foot elevated for the first few days until the swelling settles.

You will have a bulky dressing, which will be changed to a lighter dressing at the first follow up appointment. You will be walking on the heel for the first 2 weeks and progress to normal walking as pain allows.

You will then be followed up in clinic in 10 to 14 days to check the wound and again at 6 weeks to assess the healing.

You may need 2 weeks of time off work depending on the nature of your job.

You won't be able to drive until you could do an emergency stop without any pain in the foot.

Rehabilitation advice

Preparation before your surgery

As your mobility may be reduced after your operation, make arrangements to ensure you will have any help and support you may need with shopping, housework, making meals etc. Especially if you live alone.

If you live alone, and/or do not have anyone to help you post operatively and have concerns about managing at home after your operation, ask to be referred to social services.

You may also see one of the therapy team who can assess you for any equipment that may help you at home.

If you live alone, and have concerns about being able to manage stairs after your operation, think about having a bed down stairs.

Look for a comfortable pair of shoes or sandals to come into hospital with. Wearing something comfortable and firm fitting on your good foot will help with your balance and walking after your operation.

If you normally use walking aids to help you walk, bring these into hospital with you.

Walking after your surgery

You will be given a Velcro fastening, flat, stiff soled shoe to wear on your operated foot following surgery. You will need to wear this for up to 6 weeks after your operation (depending on the procedure you have had).

Either a nurse or a therapist will help you to get out of bed and start walking.

You must keep your weight on your heel and off the front of your foot for up to 6 weeks (depending on the procedure you have had). You will do this by stepping your operated foot forward first and then stepping your other foot up to but not past it.

Not everyone will need crutches but if you have poor mobility or problems with you balance you may find walking is easier initially with the aid of 1 or a pair of crutches.

You will be advised to go up and down stairs standing sideways with your hands on the banister rather than facing forwards as this will help keep your weight through your heel and off the front of your foot.

You should keep walking to a minimum for the first few days, (stay indoors) to prevent bleeding and swelling. Keep your foot elevated when not walking. Your foot should be level with or slightly higher than your hip.

Exercises after your surgery

You should start your exercises as soon after your operation as you can.

Move your ankle up and down and side to side as far as you can. Do this for 20 seconds every quarter of an hour. This will help improve your circulation and prevent your ankle stiffening up.
Bend your hip and knee up towards your chest as far as you can 10 times an hour.

Keeping your knee straight, lift your leg up 10 times an hour.

Either lie on your un-operated side or stand up and lift your operated leg out to the side 10 times.

Either lie on your front or stand up and lift your operated leg out behind you 10 times.

Depending on the procedure you have had you may be able to wiggle your toes or use your hands to bend some of your toes forward and back. You should wait to be advised on this by a therapist or doctor.