

## Morton's Neuroma

It should be remembered that Morton's neuroma is a commonly finding in the general population, and the reason it becomes painful, relates to overload of the forefoot. There are multiple reasons why someone puts too much pressure through the forefoot, and these should be addressed if possible before considering surgery. If these factors persist post-surgery, such as a tight calf muscle, then the pain may not fully resolve. These issues will be discussed with you in clinic.

**Please review this article on Neuroma surgery:**

[http://bjjprocs.boneandjoint.org.uk/content/94-B/SUPP\\_XXII/3](http://bjjprocs.boneandjoint.org.uk/content/94-B/SUPP_XXII/3)

The surgery to remove a Morton's neuroma involves removing the nerve through an incision on the top of the forefoot, between the corresponding metatarsal heads ('knuckles'). This image shows the incision used to remove a Morton's neuroma (marked with the black arrow) from in between 3rd and 4th toes, the most common location – (the skin nerves are marked out on foot).



You will be able to go home on the same day unless the surgery is in the evening. A general anaesthetic is most commonly administered and a 'block' of the nerves with local anaesthetic as well. The 'block' usually guarantees that pain will be minimal in the post-operative period. The foot can therefore feel numb, which is expected/normal and will disappear over 12-48 hours.

The bandages applied during surgery stay on for 2 weeks, and it is imperative to elevate the foot to heart level as much as possible in this period. The foot should be up more than down as a rule. You will be fitted with a rigid soled shoe in hospital, and a crutch as needed.

We occasionally see some bleeding evident on the bandages after a few days, and if visible this indicates that the bandages will need to be changed. Pain is not usually severe, but can vary from patient to patient. Painkillers should be taken regularly for 72 hours and then stopped and taken only as needed.

## Post-operative Course

### **Day 1**

Foot wrapped in bulky bandage  
Start walking in surgical shoe only  
Elevate, take pain medication regularly for 2-3 days  
Begin moving the toes as comfort allows  
Expect numbness in foot for 12-48 hours from ankle block  
You can remove surgical shoe when seated and in bed at night

### **10-14 Days**

Follow-up in the outpatients for wound review & removal stitches  
Dressing changed  
Shower when incision dry  
Begin to walk in ordinary soft training shoe depending upon comfort

### **6 weeks**

Follow-up in the outpatients  
Return to sports - variable, but swimming, cycling and cross trainer from week 3-4, and running from 2-3 months onwards  
High heels will be uncomfortable for 2-3 months

# Complications of surgery

**Swelling** – Initially the foot will be swollen and needs elevating. The swelling will disperse over a period of 3-6 months.

**Infection** – There is always a risk of infection with surgery. You will be given 1 dose of intravenous antibiotics during surgery. The best way to reduce the chance of acquiring an infection is to keep the foot elevated (80% of the time) for 14 days. Smoking increases the risk 16 times. If there is an infection it normally resolves with a course of oral antibiotics.

**Wound problems** – Sometimes the wounds can be slow to heal and this needs to be closely observed. This may mean frequent visits to the clinic, and repeat dressings.

**Scar sensitivity** – The scar can be quite sensitive following surgery but this usually improves over 3-6 months. Regular massage can help.

**Nerve damage** – It is normal for the interspace between the toes to feel numb, as this represents the effects of removing the nerve. Small skin nerves can make the wound feel numb, which is unlikely to cause major issues. Very rarely does the numbness cause issues with balance.

**Chronic Regional Pain Syndrome** – This is where the nerves around the area become overly sensitive. Swelling, changes in colour and stiffness are typical symptoms. It is exceptionally uncommon, but can be very debilitating. If this is diagnosed, then I will refer you to a specialist pain doctor. The outcome of surgery can be suboptimal in this situation.

**Deep Vein Thrombosis (Clot in the leg)** – This is a clot in the deep veins of the leg and the risk of this occurring following foot and ankle surgery is low (generally < 1%). The fact that you are mobile after surgery and able to take weight through foot helps to minimise this small risk. However, it is sensible to try and move the toes and the ankle regularly following the surgery and probably also sensible to avoid a long-haul flight in the first 4 weeks following surgery. If a deep vein thrombosis (DVT) occurs then you will require treatment to thin your blood as this helps prevent any of the clot travelling to the lungs (pulmonary embolus / PE) which can be much more serious. If you develop severe pain and swelling in your calf, you should attend A+E, and inform my team.

**Recurrence** – Most people (80-85%) are very happy with the results of their neuroma surgery. Occasionally, the neuroma can recur (2-5%) and this can be a difficult problem to treat. Further surgery may be required. On going pain due to persistent forefoot overload factors accounts for most of the 15-20% failure rate with surgery. This is why it is imperative to have exhausted all conservative options and improved calf flexibility before surgery.

## **Sick Leave**

2 weeks off work is required for sedentary employment,  
4-6 weeks for standing or walking work  
6-8 weeks for manual/labour intensive work.

## **Driving**

You will be able to return to driving from around 3-4 weeks post surgery.

**These notes are intended as a guide and some of the details may vary according to your individual surgery.**