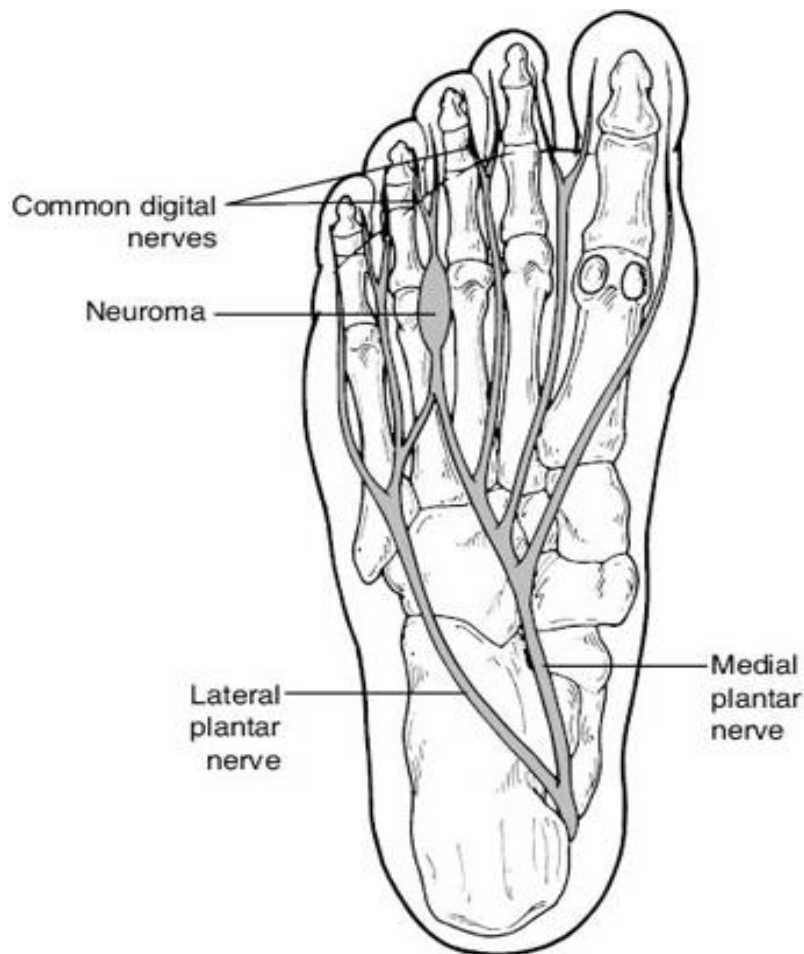


PATIENT INFORMATION

Morton's Neuroma



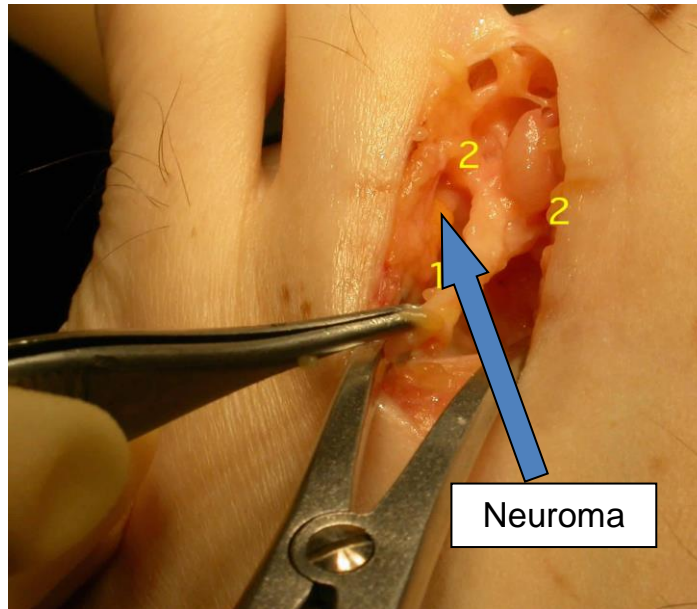
What is Morton's Neuroma?

A Morton's neuroma is swelling and inflammation of a nerve that lies between two metatarsal bones of your foot. It causes pain in the ball of your foot and possibly your toes. The cause is not fully understood, but compression with tight or high heeled shoes plays a role and certainly makes the symptoms worse. The lump (neuroma) is not dangerous, and will not cause problems other than in the foot.

It can sometimes be treated with simple measures such as comfortable shoes, weight loss, insoles and simple pain tablets. If these measures do not work, an ultrasound scan may be requested and an injection of local anaesthetic and corticosteroid will be tried. Sometimes, if the response is not complete, you may require more than one injection. If this is not sufficient to control your symptoms, the trapped nerve can be surgically removed. Occasionally people have Morton's neuromas in both feet.

What does the operation involve?

A cut is made on top of the foot between the metatarsal bones. The nerve is identified and a short section of the nerve is removed. The skin is stitched up and the foot dressed with a firm bandage.



Can surgery be done as a day case operation?

Yes. If you are medically fit, have someone who can collect you and look after you after the operation and you are comfortable afterwards. If you have other medical problems such as diabetes, asthma or high blood pressure, you may have to attend the preoperative assessment clinic 2-6 weeks before your surgery to ensure you are as fit as possible before your operation. If you do have other health issues it may be safer for you to stay in overnight after your surgery.

You must stay overnight if there is no one to collect and look after you.

Will I have to go to sleep (general anaesthetic)?

No. The operation may be done under general anaesthetic (asleep). Alternatively it may be possible to have the operation performed under a local anaesthetic. There may be advantages to choosing a local anaesthetic such as less drowsiness, quicker recovery time, being able to eat and drink immediately afterwards and faster discharge from hospital. Your surgeon and anaesthetist will advise you about the best choice of anaesthetic for you.

If a general anaesthetic is given, local anaesthetic may also be injected into your leg or foot while you are asleep to reduce the pain after the operation. You will also be given pain-killing tablets as required.

What will happen afterwards?

You will have a bulky bandage applied to the foot at the end of surgery which will remain in situ for two weeks.

You can go home when comfortable and safe. For the first 2 weeks, you should avoid walking if possible and only put your weight through the heel. When not walking, rest with your foot elevated to reduce swelling.

You will be seen in clinic approximately 2 weeks after your operation. The dressings will be removed, the wound examined and the stitches removed. You will then be more mobile and able to walk on your whole foot using crutches to support you (not always necessary). Another clinic appointment will be made for 4-6 weeks later. You will more than likely be discharged at this appointment.

How soon can I ...

Walk on the foot?

You will be provided with a surgical shoe. For the first 14 days you should avoid walking if possible, but if you need to walk put all of your weight on the heel. When not walking, you must rest with your foot elevated as much as possible to reduce swelling. After this you can be more mobile.

Go back to work?

This depends on what you do and how you get to work. If you have a sitting-down job that you could do with your foot in bandages and you can get to work, you could probably go back to work 2-3 weeks after surgery. If you have a heavy manual job you may be off for up to 2 months. If you need to drive to work, this will affect when you can go back. Your surgeon or foot and ankle practitioner will advise you about going back to work.

Drive?

Once your bandages have been removed you may be able to start driving again. You must be comfortable and not too stiff before trying to drive. Start by sitting in the car and trying the pedals. Then drive round the block. Drive short distances before long ones. If you cannot safely make an emergency stop, your insurance will not cover you in the event of an accident. Ask your surgeon or foot and ankle practitioner when it is safe for you to drive again.

Play sport?

After your dressings have been removed you can start gently exercising your foot and walking further each day. When you are comfortable doing this, you can start gentle running and stretching. Contact, twisting and impact sports can follow as comfort dictates. Everyone varies as to how quickly they can take up exercise again. Be guided by your own body's reactions and the advice of your surgeon. Most people can get back to most of their previous activities within 3 months of Morton's neuroma surgery.

Risks

- The foot tends to swell quite a lot after surgery. Swelling is part of your body's natural response to any injury and surgery is no exception. In addition, your foot is at the bottom of your body so fluid tends to collect in its tissues and cause swelling. People vary in how quickly this swelling disappears after an operation and 6 months is not all that unusual. Provided you are not having undue pain or inflammation there is probably nothing to worry about and you can afford to give it time.
- The wounds usually heal quickly, but occasionally these can become infected and need antibiotics.
- Numbness. As the trapped nerve has been excised, the sides of the 2 toes it supplied will be permanently numb. Occasionally, people find this slightly strange but usually they become accustomed to it.
- On-going pain. Occasionally, the end of the nerve that has been cut can become trapped or inflamed and cause continued pain. For some of these people, further surgery is necessary

Special Note

This guideline is intended to help you understand your operation, and to help you to prepare yourself and your foot for it. Some patients will want to know more details.

Please ask, and we will be happy to add additional notes or comments for your assistance. Above all else please do not proceed with surgery unless you are satisfied you understand all that you want to about the operation.

A dedicated orthopaedic helpline contact number is below should you need advice outside of your inpatient stay or outpatient appointment.

Who can I call for help or advice?

Orthopaedic Practitioner Advice Helpline	01284713924
Pre-Admission Clinic	01284 712810
Physiotherapy Department	01284 713300
Occupational Therapy Department	01284 713560
Community Equipment Stores (OT)	01284 748826

If you would like any information regarding access to the West Suffolk Hospital and its facilities please visit the disabledgo website link below:

<http://www.disabledgo.com/organisations/west-suffolk-nhs-foundation-trust/main>

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