Morton’s neuroma (metatarsalgia)
Following your consultation with a member of the Foot and Ankle team you have been diagnosed with Morton’s Neuroma. This leaflet aims to give you additional information about your condition and the treatment. It is designed to give you some general details about the recovery from surgery if necessary and the common risks and complications. This leaflet is not for self diagnosis. Please ask your surgeon if you have any further questions.

What is it?
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 local compression with tight or high heeled shoes plays a role and certainly makes the symptoms worse.

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 is removed.

A cut is made at the base of the affected toes.
The skin is stitched up and the foot dressed with a firm bandage.

The swollen nerve is removed.

**Can it be done as a day case operation?**

If you are medically fit, have someone who can collect you and look after you after the operation and you are comfortable afterwards, the operation can be done on a day case basis. However, 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. You may need 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)?**

The operation may be done under general anaesthetic (asleep). Alternatively it may be possible to have the operation performed under a local anaesthetic (an injection above the ankle). There may be advantages to choosing a local anaesthetic such as less drowsiness, quicker recovery, being able to eat and drink immediately afterwards and faster discharge from hospital. Your anaesthetist will advise you about the best choice of anesthetic for you.

In addition, local anaesthetic may be injected into your leg or foot while you are asleep to reduce the pain after the operation even if you go to sleep for the surgery. You will also be given pain-killing tablets as required.
Will I have a plaster on afterwards?
No, you will not have a plaster on.

What will happen afterwards?
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 the nurse-led 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. Another clinic appointment will be made for 4-6 weeks later.

How soon can I...
Walk on the foot?
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 nurse 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 nurse 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.

- 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.

- 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.
Further information

The figures for complications given in this leaflet have been taken from information produced by the British Orthopaedic Foot Surgery Society using audits from all areas of the UK.


NHS Constitution. Information on your rights and responsibilities. Available at www.nhs.uk/aboutnhs/constitution
If you or the individual you are caring for need support reading this leaflet please ask a member of staff for advice.

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