

Morton's Neuroma

Patient Information

Trauma & Orthopaedics Department



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What is a Morton's Neuroma?

A Morton's Neuroma is a swelling of the nerve between the toes in the foot. They occur mainly in the web-spaces between the 2nd & 3rd and 4th toes. Symptoms can include burning sensations, numbness and / or pins and needles in the toes as well as pain and pressure on top or underneath the foot mainly when walking. Diagnosis can be made by your clinician and occasionally you may be referred for an Ultrasound or MRI scan.

Treatment options for Morton's Neuroma?

Treatment will depend on the amount of discomfort the neuroma is causing. Initially a change in footwear and the provision of insoles can be enough to resolve symptoms. If this doesn't work, the next stage of treatment can be steroid injection (in clinic or under ultrasound guidance in Radiology) and if this fails you may need an operation to remove the neuroma.

Your clinician will discuss the treatment options with you. If you are unsure about the suggested treatment, please discuss your concerns with a member of the healthcare team.

Benefits of treatment

Improved or resolved symptoms.

Complications of surgery

The risks are:

1) Infection and wound healing problems

Sometimes, despite the strictest precautions, infections can occur:

- Superficial infection may occur at your wound site.
- Deep infection may occur early after the operation or much later.
- Problems can occur with wound healing particularly if patients are suffering from chronic illness such as diabetes or rheumatoid disease or are taking certain medications which affect or modulate the immune system.

2) Deep Vein Thrombosis (DVT) and Pulmonary Embolism (PE)

Despite taking precautions to try to prevent a blood clot, this can occur in the veins of the legs after this type of surgery (and is known as deep vein thrombosis). Occasionally these clots can dislodge and travel through the heart to the lungs. This is known as a pulmonary embolism (PE). Extremely rarely this can be life-threatening.

3) Persistent pain and swelling

The operation may not relieve all of your pain and you may continue to experience some discomfort or scar tenderness. Complex regional pain syndrome, while uncommon, can develop following surgery, causing pain, swelling and skin changes. This will normally settle over time but may need specialist input from the Pain Management Service.

- 4) Other recognised risks of surgery include bruising, urinary retention and the risks associated with anaesthesia and blood transfusion.

A member of the surgical team will discuss the risks involved with you before the operation.

About the operation

The operation can be performed on a day case basis, so you can go home on the day you have your operation, unless the doctor advises you to stay longer. You will be given an anaesthetic that will send you to sleep for the duration of the operation. There are different types of anaesthetic available and the pre-op department will discuss the options with you prior to the operation.

The surgeon will make an incision (cut) to the top or bottom of the affected foot to allow access to the neuroma. Once identified, the neuroma is surgically removed, and the wound closed.

The skin will be closed using stitches and a bulky dressing and bandage will then be placed on your foot for 2 weeks.

Before your operation a member of the therapy team may discuss your mobility with you. You will be assessed for and may be provided with an appropriate walking aid (e.g. Elbow crutches).

After the operation

- You will spend a short time in the recovery area of the operating theatre, and then you will be taken back to the ward.
- Your foot will be raised while you are in bed to reduce the swelling that may occur. Continue to keep your leg in a raised position when you are sitting down or lying in bed for at least a week following surgery.
- You may have some discomfort following the operation so painkillers will be given to relieve your pain.
- You will be given a special shoe to wear to help your foot heal properly.
- Your stitches will be removed approximately 2 weeks after the operation either by the district nurse or in the nurse led clinic at the hospital.
- An appointment will be made for you to return to out-patient clinic to check that your foot is healing properly, approximately 6 weeks after surgery.
- More detailed information and ward contact telephone numbers will be given to you before you go home.
- Your surgeon, GP, physiotherapist will be able to advise you when to return to normal activities.

Exercises

The following exercises should be practised hourly unless otherwise instructed by a member of the therapy team. Perform each exercise on both legs.

If unexpected pain develops you must stop exercising and inform a member of staff.

Deep breathing exercises

Ensure you are sitting upright in bed. Take three or four deep breaths (no more as you may feel lightheaded). Breathe as deeply as possible, forcing the air out on your fourth breath. This may make you cough.

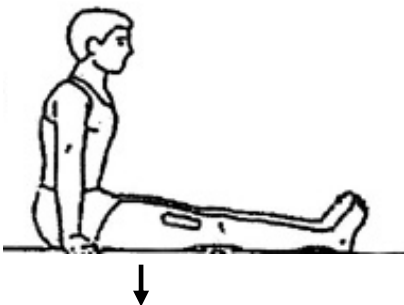
Foot exercises



1. Gently paddle both ankles up and down.

Repeat this five times.

Leg exercises (perform on both legs)



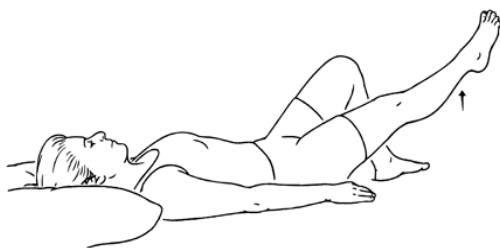
1. With your legs straight in the bed, press the back of your knees into the bed. Your thigh muscles should tighten up. Hold for five seconds then gently release.

Repeat this ten times.

2. Clench the muscles in your bottom together.

Hold for five seconds then gently release.

Repeat this ten times.



3. Lying in bed, keeping your knee straight, lift your leg approximately ten inches from the bed. Hold for five seconds then gently release.

Repeat this ten times, with each leg.



4. If you are sitting in the chair or on the edge of the bed, straighten your knee out in front of you. Hold for five seconds then gently release.

Repeat this ten times.

Stairs / steps

Always take one step at a time.

Going up

With the banister on one side, and the crutch in the other, step your non-operated foot onto the step, followed by your operated foot, and the crutch last on to the same step.

Going down

The crutch goes first on to the step, followed by your operated foot, then your non-operated foot last on to the same step.

Where there is no banister use both crutches.

On discharge

You may walk outside as soon as you feel confident to do so. When resting, keep the foot raised.

Driving

You will not be able to drive while you are in your bandages and surgical shoe.

Routine post-operative appointments

Nurse Led Clinic Appointment

2 to 3 weeks

For removal of sutures

Consultant Clinic

6 weeks

Do not hesitate to contact the team should you have any queries or concerns after discharge.

Contact Information

If your call is connected to an answering machine, please clearly leave your name, date of birth, telephone number and a brief description of your enquiry.

Foot and Ankle Practitioner **01257 256372 (Monday to Friday 9am until 4pm)**

Admissions 01257 256256

Appointments (Outpatients) 01257 256295

Occupational Therapy 01257 256306

Physiotherapy 01257 256307

Pre-operative Clinic 01257 256340

Wards:

D 01257 256269

5 01257 256276

6 01257 256277

John Charnley 01257 256265/7

Please use this space to write notes or reminders.

Comments, Compliments or Complaints

The Patient Relations/Patient Advice and Liaison Service (PALS) Department provides confidential on the spot advice, information and support to patients, relatives, friends, and carers.

Contact Us

Tel: 01942 822376 (Monday to Friday 9am to 4pm)

The Patient Relations/PALS Manager
Wrightington, Wigan and Leigh Teaching Hospitals NHS Foundation Trust
Royal Albert Edward Infirmary
Wigan Lane
Wigan WN1 2NN

Ask 3 Questions

Become more involved in decisions about your healthcare. You may be asked to make choices about your treatment. To begin with, try to make sure you get the answers to three key questions:

1. What are my options?
2. What are the pros and cons of each option for me?
3. How do I get support to help me make a decision that is right for me?



How We Use Your Information

For details on how we collect, use, and store the information we hold about you, please see patient information leaflet, Ref. **Corp 006** How we use your information, this can be found on the Patient Information Leaflets page on the Trust website, see details on the front cover.

This leaflet is also available in audio, large print, Braille, and other languages upon request. For more information, please ask in the department/ward.

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