

# Morton's neuroma

**This leaflet will answer some of your questions about having surgery for Morton's neuroma. It explains the benefits, risks and alternatives, as well as what you can expect when you come to hospital. If you have any questions, please speak to a doctor or nurse caring for you.**

## **What is Morton's neuroma surgery?**

Morton's neuroma is a painful swelling or irritation of the nerve that runs between the long bones of the foot (metatarsals). When this nerve becomes enlarged it causes pain in the ball of the foot that radiates to the toes. It is most common between the third and fourth toes.

The surgery aims to remove the neuroma to relieve the pain.

## **What happens during this surgery?**

This surgery can be done as a day surgery procedure unless you have other medical problems that mean you may need to stay in hospital overnight. The surgery is done under general anaesthetic (you are asleep). A cut is made over the top of the foot, at the base of the affected toes. The part of the nerve that is causing the pain and discomfort is removed.

## **Why should you have this surgery?**

Non-surgical treatment methods may have been tried first. These include appropriate wide and soft shoes or shoe inserts to cushion the sole of the foot. Sometimes an injection helps the symptoms. If these measures all fail, then you may want to think about surgery.

## What are the risks?

In general, the risks of any operation relate to the anaesthesia and the surgical procedure itself.

In most cases you will have a general anaesthetic. You can discuss this with the anaesthetist before surgery and they will identify the best method for you. For more information about this please see our leaflet, **Having an anaesthetic**. If you don't have a copy, please ask us for one.

The main surgical risks are listed below. The full list of risks will be explained by the surgeon treating you.

**Swelling.** Your foot will swell after the operation as part of the response to surgery and the healing process. This will reduce gradually, but it may take more than 6 months for the swelling to go down completely. It is important to elevate (raise) your foot in the early stages.

**Infection.** The incision (cut) usually heals within 2 weeks, but may leak a small amount of fluid. In a few cases (5%), the wounds may become infected and you may need to be prescribed antibiotics. As the neuroma is very deep in the foot, wound problems are more common.

**Persistent or recurrent pain.** Up to 20 in 100 (10-20%) patients have persistent pain after surgery, or their symptoms may come back. More surgery may be needed.

**Numbness.** The operation involves removing the part of the nerve that causes pain and discomfort. As a result, some permanent numbness will be experienced in the web-space of the involved toes.

## **Are there any alternatives?**

Simple non-surgical measures, as detailed above, should be tried before having surgery.

## **How can you prepare for this surgery?**

Please refer to the following leaflets which will provide all the information you need before your operation:

- **Having an anaesthetic**
- **Having surgery at Guy's and St Thomas' hospitals**

If you do not have a copy, please ask us for one.

You should make arrangements to be collected from the hospital. Someone should stay with you overnight if you have a general anaesthetic and your operation is a day case. You may need some time off work after the surgery. We advise you speak to your employer before surgery to make plans.

## **Consent – asking for your consent**

We want to involve you in decisions about your care and treatment. If you decide to go ahead, you will be asked to sign a consent form. This states that you agree to have the treatment and you understand what it involves.

If you would like more information about our consent process, please speak to a member of staff caring for you.

## Will you feel any pain?

There will be some pain after the surgery. During your operation, local anaesthetic might be injected into your foot to reduce the pain after the operation. You will be given medicines to take home to control the pain. The nurse will go through the medicines with you, including how often and when to take them. There will be a combination of strong and weak painkillers.

It is important that you continue to take painkillers as advised after your surgery. If you have little or no pain you may not need to take the painkillers.

If your pain does not settle, you can be reviewed in your scheduled outpatient appointment, or you should get advice and management from your GP.

## What happens after this surgery?

### **The day of your surgery**

When you have recovered from the anaesthetic, normally you can get up and walk freely in a special orthopaedic shoe that will help protect the operation site. If it is repeat surgery, your walking may be limited on the same day as surgery. Your foot and ankle will be securely bandaged to protect it and to reduce the swelling. The gauze bandage which is applied in the operating theatre will stay on for 2 weeks. There will not be a plaster cast. You must keep your foot elevated. Most patients can go home on the same day as the surgery.

## What do you need to do after you go home?

This is a general guide only. Patients will progress and recover from their surgery at different rates. If your surgeon gives you different advice, please follow that.

### **Days 1-7 after surgery**

The local anaesthetic in the joint will start to wear off, so you will need to start taking painkillers. You should keep the foot elevated when not walking or exercising for the week after the operation. Whenever the foot is put down, it will swell and become sore. It is normal to see mild bruising and some dry blood on the foot. By the end of this week the post operative pain will have significantly reduced.

### **Day 8-13 after surgery**

Continue to elevate the foot as much as possible. You may walk short distances within your home or to a car from this week, but make sure you are wearing the orthopaedic shoe.

In week two you can start working from home and possibly return to work, but you must try and keep the foot elevated. Depending on the nature of your employment, you may be signed off from working for longer.

### **Days 14-21 after surgery**

You will be seen about 2 weeks after your operation in the outpatient clinic. This appointment will be posted to you. At this nurse dressings clinic appointment your wounds will be checked and any stitches removed.

You can start driving after 2 weeks. The Drivers Vehicle Licensing Agency (DVLA) regards it as your responsibility to judge when you can safely control a car. You should contact your doctor or the DVLA if you are concerned about this.

Motor insurance companies vary in their policies. It is best to discuss your circumstances with your insurance company to be sure that you are covered.

You can start gentle, low impact exercises as pain allows, and gradually increase your activity level with time, for example, cycling, exercise bike or cross trainer.

### **Days 22-28 after surgery**

You should remove all the remaining wound dressings at home, by soaking the dressings off in the shower. You should apply skin emollient, such as a vitamin E moisturiser, around the healing wound. Once the wound is completely healed, you should apply the moisturiser over the wound as well. Massage the scar as this helps it become softer and less sensitive.

You may go swimming if the wound is dry and healed.

At this stage, your foot will still be swollen. Do not expect to fit into your normal shoes. You can wear a pair of wider, looser fitting shoes. A good option includes trainers, with loosened laces.

You can usually return to work after 4 weeks.

### **5-6 weeks after surgery**

You will have another appointment to see a doctor in clinic. Your mobility will continue to improve and you can start high impact exercise.

If the doctor is happy with your progress you will be discharged at this point.

### **6-12 weeks after surgery**

It may take 6 weeks to return to your normal sporting activity level. You should speak to your surgeon about this if you are uncertain.

### **3-6 months after surgery**

Your foot may continue to be swollen for up to 12 months after this surgery.

You are advised to not fly for 12 weeks after foot and ankle surgery due to the increased risk of blood clots.



## What should you do if you have a problem?

If you experience any of the following symptoms, please contact your GP or go to your nearest Emergency Department (A&E):

- increasing pain
- increasing redness, swelling or oozing around the wound site
- fever (temperature higher than 38C).

If you have an infection at any time during your recovery, either suspected by you or diagnosed by your GP or an Emergency Department doctor, please contact your consultant's secretary, **t:** 020 7188 4443



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## Contact details

If you have any questions or concerns about Morton's neuroma surgery, please contact, Monday to Friday, 9am-5pm.

- Your consultant's secretary, **t:** 020 7188 4443
- The clinical nurse specialist. Call the hospital switchboard, **t:** 020 7188 7188 and ask for the bleep desk. Ask for bleep 2567 and wait for a response. This will connect you to the clinical nurse specialist directly.

Please contact your GP or go to your local Emergency Department if you have any urgent medical concerns outside these hours.

For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit **w:** [www.guysandstthomas.nhs.uk/leaflets](http://www.guysandstthomas.nhs.uk/leaflets)

## Pharmacy Medicines Helpline

If you have any questions or concerns about your medicines, please speak to the staff caring for you or call our helpline.

**t:** 020 7188 8748, Monday to Friday, 9am-5pm

## Language and accessible support services

If you need an interpreter or information about your care in a different language or format, please get in touch.

**t:** 020 7188 8815 **e:** [languagesupport@gstt.nhs.uk](mailto:languagesupport@gstt.nhs.uk)

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