

Morton's Neuroma Surgery



A Morton's neuroma may cause pain and numbness in the toes and forefoot and most commonly occurs between the 3rd / 4th toes (80%) or the 2nd / 3rd toes (20%). It is due to compression of the nerve between the 'knuckles' of the foot. Gradually, the nerve becomes thickened producing a nodule or 'neuroma'. Commonly the patient will have undergone a steroid injection and possibly been provided with custom insoles before being considered for surgery.

The operation involves excising (removing) the nerve including the part that is damaged and swollen. This is performed through an incision on the top of the forefoot, between the corresponding metatarsal heads ('knuckles'). Following the surgery, you will be in a bulky dressing and a post operative shoes. It is essential that the foot is kept elevated for the first ten days.

General Recovery Facts

- You can expect mild to moderate pain for a few days
- You can walk on the foot (heel) straight away following surgery
- Patients are usually able to wear a training type shoe by 2-4 weeks
- The toes will remain puffy / swollen for about 3 months
- Massaging the foot during the first 3 months from surgery is important

Morton's Neuroma Post-operative Course

Day 1

- Foot wrapped in bulky bandage and surgical shoe
- Start walking in surgical shoe only (heel weight bearing)
- Elevate, take pain medication
- Begin moving the toes as comfort allows
- Expect numbness in foot 12-24 hours
- Blood drainage through bandage expected - Do not change bandage
- You can remove surgical shoe when seated and in bed at night
- May drive with caution in surgical shoe ONLY IF surgery to left foot only and automatic vehicle (otherwise return to driving at 3-4 weeks post surgery)

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

8 weeks

- Follow-up in the outpatients
- Return to sports (some may return by 4 weeks post surgery but usually 8 weeks)
- No high heel is worn for three months post surgery

Morton's Neuroma

Main Risks Of Surgery

Swelling - Initially the foot will be very swollen and needs elevating. The swelling will disperse over the following weeks and months but will be apparent for up to 6-9 months.

Infection - This is the biggest risk with this type of surgery. Smoking increases the risk 16 times. You will be given intravenous antibiotics to help prevention. However, the best way to reduce your chances of acquiring an infection is to keep the foot elevated over the first 10 days. If there is an infection, it may resolve with a course of antibiotics.

Wound problems - Sometimes the wounds can be slower to heal and this does not usually cause a problem but needs to be closely observed for any infection occurring.

Scar sensitivity - The scars can be quite sensitive following surgery but this usually subsides without treatment. If persistent sensitivity occurs then this can be treated.

Nerve Injury - The web space from which the nerve is removed will be permanently numb. This does not bother most patients but the web space should subsequently be checked regularly by the patient when bathing to ensure no skin problems as they will not have protective sensation here.

CRPS - This stands for complex regional pain syndrome. It occurs rarely (1%) in a severe form and is not properly understood. It is thought to be inflammation of the nerves in the foot and it can also follow an injury. We do not know why it occurs. It causes swelling, sensitivity of the skin, stiffness and pain. It is treatable but in its more severe form can take many months to recover.

Deep Vein Thrombosis (DVT) - 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 the heel of the operated 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 with heparin and Warfarin to try and prevent any of the clot travelling to the lungs (pulmonary embolus / PE) which can be much more serious).

Continuing symptoms - Most people (90%+) are very happy with the results of their neuroma surgery but you can appreciate that if some of the above problems occur then this may also affect the end result. Occasionally, the neuroma can recur (5%) and this can be a difficult problem to treat. Results of further surgery are not usually very rewarding.

Sick Leave

In general 2 weeks off work is required for sedentary employment, 4-6 weeks for standing or walking work and 6-8 weeks for manual/labour intensive work. We will provide a sick certificate for the first 2 weeks; further certificates can be obtained from your GP.

Driving

IF have an AUTOMATIC VEHICLE and ONLY LEFT leg surgery then it is likely you will be allowed to drive after your outpatient review at 1 week post surgery.

IF you have a MANUAL VEHICLE or RIGHT leg surgery then you will NOT be able to drive until 2 weeks post surgery (discuss with your surgeon).

These notes are intended as a guide and some of the details may vary according to your individual surgery or because of special instructions from your surgeon.

sussexfoot&anklecentre

The Sussex Foot & Ankle Centre was founded in 2005 by two orthopaedic surgeons, David Redfern and Stephen Bendall, with the aim of providing a high quality specialist service for the diagnosis and treatment of all foot and ankle problems. Both orthopaedic surgeons are specialists in problems affecting the foot and ankle and have many years of experience. They operate the service with outpatient clinics at the Brighton and Haywards Heath Nuffield Hospitals.

The sussex foot and ankle center strives to provide the best advice and treatment for all foot and ankle problems. This includes sports injuries and trauma, bunions, metatarsalgia, and arthritis. Both surgeons have particular interests in minimally invasive surgery and are at the forefront of developing such techniques in this country.

Both surgeons are also academically very active and have appointments within the national (BOFAS) and international (EFAS) professional foot and ankle surgery societies.

David J Redfern

MBBS, FRCS, FRCS (Tr & Orth)
Consultant Orthopaedic Surgeon

Stephen P Bendall

MBBS, FRCS, FRCS (Orth)
Consultant Orthopaedic Surgeon

Private Secretary 01273 627060

Direct Fax 01273 627061

Email admin@sussexfoot.com

Haywards Heath

Sussex Nuffield Hospital
Burrell Road, Haywards Heath
East Sussex RH16 1UD
Tel 01444 456999

Brighton

Sussex Nuffield Hospital
Warren Road, Woodingdean
East Sussex BN2 6DX
Tel 01273 627060