



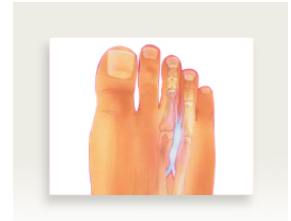
www.dfac.co.uk

Information Sheet

MORTON'S NEUROMA

What is a Morton's Neuroma?

Morton's neuroma was first described by Thomas Morton in the late 19th Century. It occurs as a result of swelling in the region of one of the nerves in the forefoot. The nerve is trapped between two of the bones in the foot known as the metatarsals. There is often an inflammatory swelling, known as a bursa, surrounding the nerve.



What are the symptoms?

The most common symptom is pain. This is usually between the third and fourth toes, although Morton's neuroma can occur between other toes as well. There may be a shooting, electric shock type pain into the toes with changes in sensation such as pins and needles. Symptoms are often worse when wearing tight fitting shoes or high heels. You may feel pressure under the ball of the foot with a feeling of having something in your shoe when you walk.

How is the diagnosis made?

The most accurate way of making the diagnosis is with a thorough history and clinical examination. If the diagnosis is not clear, we will occasionally carry out special investigations such as ultrasound or MRI scans, although it is well recognised that these investigations can be inaccurate in diagnosing this particular condition and are not always used.

How is Morton's neuroma treated?

- Non surgical treatment – occasionally, we will consider an injection of local anaesthetic and steroid around the neuroma. At best, however, this tends to give only short term relief of symptoms but is useful if the diagnosis is in doubt. Footwear modification and orthotics (insoles) may help to reduce the symptoms. Occasionally an injection will be offered.
- Surgical treatment – this involves removal of the nerve and its neuroma. The excised nerve is sent for analysis in the laboratory to confirm the diagnosis. The surgery can be performed through an incision either on the top of the foot or on the sole of the foot. This will be discussed with you by Mr Farrar or Mr Taylor when you attend for your out-patients consultation. The success rate from surgery is good with up to 90% of patients having significant reduction or resolution of their pain. There is usually an area of numbness between the toes as a result of the nerve being removed, although this is not usually troublesome and patients are in general grateful to be rid of their pain.

Are there any complications from Morton's neuroma surgery?

There are risks with all surgical procedures. Risks of severe complications are increased in heavy smokers. Surgery is performed under either local or general anaesthetic. With modern techniques, the risk from the anaesthetic itself is now very low. There are also general risks of the surgery, which include infection, pain, swelling, stiffness, blood clots, nerve and blood vessel damage and a risk that the surgery may not fully cure the pain.

Specific to surgery to excise a Morton's neuroma is the risk that the neuroma may recur. As Specialist Foot and Ankle Surgeons, we use the latest surgical techniques to reduce this risk to a minimum.

What is the recovery like?

In general, the surgery is performed as a day case. There are bandages on the foot, which are removed at two weeks. You will be able to put weight through the foot immediately, but may find it is painful to do so for a week or two. After two weeks, you will be seen in the out-patient clinic, the wound will be checked and any sutures will be removed. At this point, if all is well, you will be able to increase your mobility and begin to drive.

It can, however, take a few months for the aches and pains, as well as the swelling, to fully settle.