

Morton's Neuroma (metatarsalgia) surgery

Information for patients

This information sheet answers some of the questions you may have about having surgery for Morton's Neuroma. It explains the risks and the benefits of the procedure and what you can expect when you come to hospital. If you have any questions or concerns, please do not hesitate to speak to the doctors or nurses caring for you.

Confirming your identity

Before you have a treatment or procedure, our staff will ask you your **name** and **date of birth** and check your **ID band**. If you don't have an ID band we will also ask you to confirm your address.

If we don't ask these questions, then please ask us to check. Ensuring your safety is our primary concern.

What is Morton's Neuroma?

Morton's neuroma causes pain in the ball of your foot. It happens when one of the nerves in your foot becomes inflamed and swells (see diagram below).

It is generally caused by repeated injury and inflammation when walking or standing, as the nerve becomes trapped between the front part of the bones in your foot (metatarsal heads).

This often happens when wearing footwear with high heels and thin hard soles, or which is a tight and squeezes your toes together. This is why the symptoms normally ease when you take off your footwear. It usually happens between your second and third toe.



What are the symptoms?

Pain and numbness in the ball of your foot, which may spread into your toes or even up the front of your leg.

At times you may not feel any pain, but sometimes it can be so painful that you need to take off your shoe. It can feel like you have a marble or a stone under your foot.

How is it diagnosed?

It can be difficult to diagnose. You may need a foot scan and some tests. It tends to get worse with time and repeated injury as the affected nerve gets larger.

Why do I need surgery?

If conservative measures fail, your consultant may recommend surgery if you have long-lasting symptoms, and we may need to do an operation. This will involve removing the neuroma and the adjacent part of the nerve.

Since part of a nerve is removed, after surgery, the ball of your foot and your toes will feel numb. This should not cause you any problems and often improves over time.

What are the benefits?

It will relieve pain and discomfort in your foot.

What are the risks?

Every operation has risks, but most of these are rare. They include:

- Infection: this is a risk after any operation but it is not common after this type of surgery. Symptoms to look out for include:
 - increasing pain under your wound and around it
 - increasing redness in the area around your wound
 - a foul-smelling discharge from your wound
 - a temperature of 38° C (100.4° F) or more.

If you think your wound has become infected, please contact your GP or go to your local Emergency Department (ED) straight away. You may need antibiotics and to come back to the hospital to have your foot checked.

- Persistent pain can be caused by pain at the end of the cut nerve (stump neuroma). You may need more surgery.
- Blood clots in your leg (DVT) or lung (PE) – this is very rare in smaller toe surgery. If you have a painful, swollen leg, chest pain or you start to get short of breath, please contact your GP or local ED.

Are there any alternatives?

We try non-surgical treatment (conservative management) first, to try and relieve pressure. This involves wearing an extra wide, soft shoe, and insoles with pads.

A steroid (cortisone) injection around the nerve may help reduce swelling, and sometimes provides long-term pain relief. It can also locate the problem if there is difficulty with a diagnosis.

Why do I need surgery?

Surgery is usually only recommended if you have very severe pain or if the conservative treatments above haven't worked. In this case, your GP can refer you to a podiatric or orthopaedic surgeon to discuss whether surgery is suitable for you.

Consent

We must by law obtain your written consent to any operation and some other procedures beforehand. Staff will explain the risks, benefits and alternatives before they ask you to sign a consent form. If you are unsure of any aspect of the treatment proposed, please do not hesitate to speak with a senior member of the staff again.

What happens before surgery?

We usually give you a general anaesthetic for this procedure, as well as a local anaesthetic in your foot, to help keep you comfortable when you wake up.

What happens during surgery?

Your surgeon will make a small cut (about 2-3cm) on the top or bottom of your foot between the affected toes, to allow them to remove the neuroma and part of the nerve next to it. They use stitches to close up your wounds.

What happens after surgery?

As you had a general anaesthetic you will feel drowsy and need to go back to the ward for at least one hour to recover.

You usually have this procedure as a day case and can go home the same day. But sometimes we advise you to stay in hospital overnight.

If you go home the same day, you will need a relative, friend or carer who can escort you home and stay with you for the first 24 hours after your procedure. Please let them know that they may have to wait for you if you are not ready to leave.

We will cover the wound with a dry dressing, a wool and crepe dressing and give you a stiff soled shoe to wear so you can weight bear. .

You may need to take painkillers for the first 24 hours. If you have had a local anaesthetic during your operation, your foot can stay numb for up to 24 hours.

Keep your foot raised until the wound heals - about two weeks.

Follow-up appointment

We will see you 10-14 days after surgery to take out your stitches (if necessary) and to check your wounds. Your surgical team will tell you when they need to see you.

Sharing your information

We have teamed up with Guy's and St Thomas' Hospitals in a partnership known as King's Health Partners Academic Health Sciences Centre. We are working together to give our patients the best possible care, so you might find we invite you for appointments at Guy's or St Thomas'. To make sure everyone you meet always has the most up-to-date information about your health, we may share information about you between the hospitals.

Care provided by students

We provide clinical training where our students get practical experience by treating patients. Please tell your doctor or nurse if you do not want students to be involved in your care. Your treatment will not be affected by your decision.

PALS

The Patient Advice and Liaison Service (PALS) is a service that offers support, information and assistance to patients, relatives and visitors. They can also provide help and advice if you have a concern or complaint that staff have not been able to resolve for you.

PALS at King's College Hospital, Denmark Hill, London SE5 9RS:

Tel: 020 3299 3601

Email: kch-tr.pals@nhs.net

You can also contact us by using our online form at www.kch.nhs.uk/contact/pals

PALS at Princess Royal University Hospital, Farnborough Common, Orpington, Kent BR6 8ND:

Tel: 01689 863252

Email: kch-tr.palskent@nhs.net

If you would like the information in this leaflet in a different language or format, please contact PALS on 020 3299 1844.

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King's College Hospital is part of King's Health Partners Academic Health Sciences Centre (ASHC), a pioneering collaboration between King's College London, and Guy's and St. Thomas', King's College Hospital and South London and Maudsley NHS Foundation Trusts.

For more information, visit www.kingshealthpartners.org 