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The Royal Liverpool
and Broadgreen
University Hospitals
NHS Trust

Patient information

Morton's Neuroma Excision

Trauma and Orthopaedics

Your Consultant / Doctor has advised you to have excision (surgical removal) of your Morton's neuroma. There is an alternative conservative treatment that is discussed later in this leaflet.

What is Morton's Neuroma?

This is a painful degenerative condition caused by a swelling or thickening of the tissue surrounding the nerve, leading to the toes. This can occur at any site on the ball of the foot, but is normally found between the 3rd and 4th toes.

Common signs and symptoms

- Patients often describe a burning/sharp/shooting aching or cramping type pain in the ball of the foot.
- The pain is increased on walking and relieved by rest, removing your shoe or massaging your forefoot.
- Tight footwear makes the pain worse.
- Tingling/numbness either between or spreading to the toes.
- Occasionally a swelling or clicking can be felt between the toes and if large enough can lead to spreading of the toes at the affected web space.
- Women are more commonly affected and the condition usually affects one forefoot at a time.

What are the benefits of having excision of Morton's Neuroma?

The aim of the treatment is to relieve your pain. In most of the studies reported, 80% to 90% of patients are completely without symptoms and pleased with the result of their surgery.

What are the risks of having excision performed?

- A degree of numbness can be expected in the affected site and some symptoms may remain after surgery.
- There is a risk of developing a painful scar following surgery
- As with all surgery there is a risk of infection, you will be given further treatment if this happens.
- As with all surgery there is a risk of deep vein thrombosis (blood clot in leg) or pulmonary embolism (blood clot in lung).

Are there any alternative treatments available?

Rather than deciding to have surgery, you may prefer to manage your symptoms by using special insoles. These help to relieve your pain by taking pressure away from the affected area. If appropriate, it may also be possible for you to be given a steroid injection into the area, which should also help to relieve your symptoms.

What will happen if I don't have any treatment?

If you do not have any treatment for your condition your symptoms are likely to continue

What sort of anaesthetic will be given to me?

You will be given a general anaesthetic. A general anaesthetic is drug-induced unconsciousness: an anaesthetist, who is a doctor with specialist training, always provides it.

General anaesthetic can cause side effects and complications. Minor side effects are usually are usually short-lived, including nausea, vomiting and feelings of disorientation. Serious complications are extremely rare and include paralysis and death.

The risks of anaesthetic and surgery are lower for those who are undergoing minor surgery, and who are young, fit, active and well.

There is a risk of damage to teeth, particularly caps, crowns and veneers. Your anaesthetist will take every care, but occasionally damage can occur.

For more information, please ask for a copy of the leaflet "You and Your Anaesthetic" (PIF 344).

You will be given an opportunity to discuss anaesthetic options and risks with your anaesthetist before your surgery.

If you are worried about any of these risks, please speak to your Consultant or a member of their team before you are due to have this treatment.

Getting ready for your operation

You will usually be seen in the pre-operative clinic before you are admitted to hospital. Here you will have blood tests, and sometimes a chest X-ray or heart trace. You will be assessed to see if you are fit for the anaesthetic.

The staff will ask routine questions about your health, the medicine you take at the moment and any allergies you may have.

You will be given instructions on eating and drinking.

If you have not already done so, you will be asked to sign a consent form to say that you understand the procedure, and what the operation involves. You will be able to discuss the operation with a doctor.

The day of your operation

- You will come into hospital on the day of your operation. Please make sure you contact the ward before you leave home to check bed availability.
- Please leave cash and valuables at home. If you need to bring any valuables into hospital, a nurse can lock them away at your request. The Trust does not accept responsibility for any items not handed in for safekeeping.

- You will be asked to remove jewellery - plain rings can be worn but they will be taped.
- Please leave body piercings at home. False nails and nail polish will also need to be removed.
- If you are on regular medication, you will be told to take this if necessary.
- You will be asked to take a shower and put on a gown and disposable underwear.
- A bracelet with your personal details will be attached to your wrist.
- You may be prescribed some medication to take before your operation by the anaesthetist. A member of the nursing staff will give this to you.
- A nurse and porters will take you to the operating theatre.
- Your dentures, glasses or hearing aid can stay with you on your journey to the operating theatre.
- When you arrive in the waiting area, a theatre nurse will check your details with you. You will then be asked to put on a disposable hat.
- The ward nurse will then leave you and you will be taken to the anaesthetic room.

What should I expect after my operation?

After your operation you will be kept in the theatre recovery room before being transferred to the ward.

A nurse will check your pulse, blood pressure, and breathing rate regularly. It is important that if you feel any pain you must tell the nursing staff, who can give you painkillers to help.

The nursing staff will also advise you when you can start taking sips of water. Anaesthetics can make some people sick.

If you feel sick we advise you not to drink until this feeling has passed. The nursing staff may offer you an injection to help this sick feeling go away.

The first time you get out of bed, please make sure you ask a nurse for assistance. This is in case you feel dizzy or unsteady.

A physiotherapist will see you and give you instructions on how to walk correctly. You will be given a special sandal to wear when you are walking. You will have to wear this sandal for around three weeks, depending on the advice from your specialist.

Going Home

You will be allowed home on the day of your operation. Occasionally you may need to stay in hospital for an extra day, depending on your condition.

If you go home the day of your operation and have had a general anaesthetic and/or sedation, **you must have a friend or relative to take you home and have a responsible adult to stay with you for 24 hours.**

For next 24 hours you must not

- Travel alone.
- Drive or ride any vehicle.
- Operate machinery (including domestic appliances such as a kettle)
- Climb ladders.
- Make important decisions, sign any business or legal documents.
- Drink alcohol.
- Return to work within 12 hours of treatment. Your general health and any medicines you are taking may increase the time you need off work.

You should

- Take it easy for the rest of the day, avoid strenuous activity.
- Take your medications as usual.
- Let someone else care for anyone you usually look after, such as children or elderly or sick relatives.

Discharge Information

Pain relief and medication

The nursing staff will advise you about painkillers before you leave the hospital. Please tell the nurses what painkilling tablets you have at home.

Your wound

Your wound will remain covered with the same dressing until you return for your outpatient appointment, when your sutures and paper sutures (stitches) will be removed. During this time if you experience any leakage or smell from your wound please contact your doctor or specialist nurse.

Getting back to normal

Remember that you have just had an operation. It is normal to feel more tired than usual for a few days after having an operation.

It is important to keep your weight off the operation site, by putting weight through your mid-foot to heel area. For two to three weeks after your operation, when you are sitting, you must keep your foot up (so your heel is above the level of your hip) this helps reduce swelling and pain after the operation.

Returning to work

You can self-certify for the first seven days of sickness. Before you are discharged, a medical certificate (fit note) may be issued by your hospital doctor to cover the expected time off you will need. Your Consultant will be able to advise you about how long you are likely to be off work. It is usual to be off work for about three to four weeks, but this depends on the type of work you do.

Alternative Conservative Treatment

The results of non-operative treatment, though unpredictable, have been successful. This consists of advice about adaptations to footwear like metatarsal bars or pads, changing to wider shoes with lower heels and a soft sole, which may help to reduce or relieve your pain completely.

Further Appointments

You will be given your appointment for up to two weeks after surgery.

For further information

If you have any queries or concerns, please contact the ward where you had your surgery or the specialist nurse.

Foot and Ankle Nurse Specialist

Tel: 0151 282 6000 and ask for bleep 4634

Text phone number: 18001 0151 282 6000 bleep 4634

Foot and Ankle secretaries

Tel: 0151 282 6813 / 6746

Text phone Number: 18001 0151 282 6813/6746

NHS 111

Tel: 111

www.nhs.uk/conditions/mortonsneuroma

www.patient.co.uk/health-Morton's-Neuroma.htm

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All Trust approved information is available on request in alternative formats, including other languages, easy read, large print, audio, Braille, moon and electronically.

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