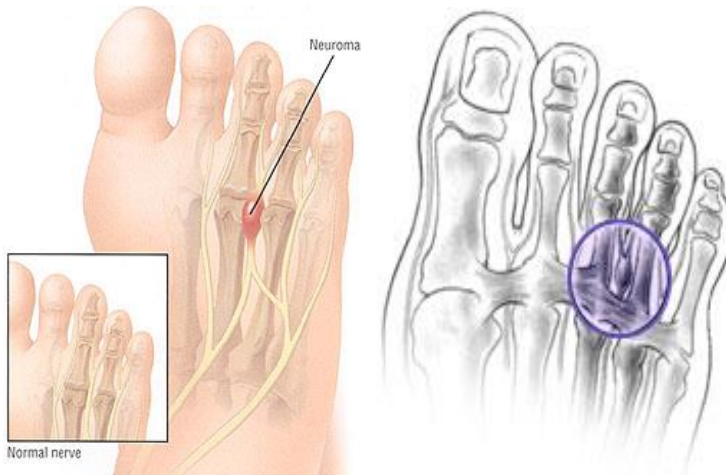


Morton's neuroma

1. What is Morton's neuroma?

A neuroma is a thickening of nerve tissue and Morton's neuroma is a swollen, inflamed common digital nerve located between the bones at the ball of the foot. The most common location is in second (between second and third metatarsal) and third (between third and fourth metatarsals) spaces. This can cause a sharp, burning pain in the ball of your foot and sometimes the pain radiates to the toes.



2. What causes Morton's neuroma?

Anything that causes compression or irritation of the nerve can cause a neuroma.

- Ill-fitting footwear such as shoes with narrow toebox, high heeled shoes or shoes with pointed toes
- Being active and playing high impact sports that involve running and placing high pressure on the forefoot such as racquet sports
- Foot deformities – Pes planus (flat foot), bunion and hammer toes, tight calf muscle (equinus deformity)

3. How is it treated?

Treatments may be operational or non-operational

- Non-operational
 - Padding: Padding techniques to support for the metatarsal arch, thereby reducing the pressure on the nerve and decreasing the compression when walking.
 - Icing: Placing an icepack on the affected area helps reduce swelling.
 - Orthotic devices: Custom orthotic devices provide the support needed to reduce pressure and compression on the nerve.
 - Activity modifications: Activities that put repetitive pressure on the neuroma should be avoided until the condition improves.
 - Shoe modifications: Wear shoes with a wide toe box and avoid narrow-toed shoes or shoes with high heels.

- Medications: Oral nonsteroidal anti-inflammatory drugs (NSAIDs), such as ibuprofen, may be recommended to reduce pain and inflammation
 - Injection therapy: Treatment may include injections of cortisone, local anesthetics or other agents such as sclerosing alcohol injection
- Operational: removal of nerve(neurectomy)

4. When surgery is needed?

Surgery is considered in patients who have not responded well to non-surgical treatments.

5. Recovery in the first few weeks after surgery

- Elevate your foot as often and as much as possible to reduce swelling
- Avoid smoking
- Take pain medication as instructed
- Some blood ooze can be expected in the bandage, but if worried, contact the number given

6. Post-operative clinic schedule

- 1st week – wound check and dressing change
- 2nd week - wound check and suture removal
- 6th week – clinical check-up
- 12th week – Clinical examination

7. When can I walk?

- 0-3 weeks: Full weight bearing in postoperative surgical shoe
- >3 weeks: Full weight bearing in soft comfortable shoes

8. Can I get my foot wet in shower?

In the first 2 weeks, keep the foot dry. You may shower with a waterproof cover over your foot.

9. How can I look after the incision wound?

Do not pull at scabs but let them fall away naturally. If your wound becomes red, swollen or sore, you need to see your surgeon.

10. When can I start to drive?

Do not drive until you are confident about controlling your vehicle and always check with your doctor and insurance company. Generally it will take 4-6 weeks.

11. When can I work again?

- Sedentary jobs: 1 week
- More active employment: 2-3 weeks

12. When can I return to exercise or sport?

It varies depending on individuals' healing but it usually takes 1 month before weight-bearing exercises and slightly earlier for semi or non-weight bearing exercises such as swimming or bicycling.

13. What are the risks?

As with any other surgical procedures, this surgery is not without complications. The complications fall into three categories.

- Complications of anaesthetics
- General complications of any operations
- Specific complications of small toe operation

1) Complications of anaesthetics

Anaesthetist will discuss with you the possible complications from having anaesthetics.

2) General complications of any surgery

Pain: Your surgeon will give you pain medication.

Bleeding: surgery is usually done under ankle tourniquet to minimise bleeding during procedure.

Infection: soft tissue infection could happen after the operation and it is usually managed well with oral antibiotics.

There is a slim risk that bone infection (Osteomyelitis) could happen and this usually requires intravenous antibiotics for a period of time.

Surgical site scarring: If you are prone to hypertrophic scar (Keloid), doctor can arrange scar reduction cream during the operation.

Blood clot (Deep Vein Thrombosis) in the leg: This could happen 1 in 100 but your surgeon can assess you for risk factors such as blood disorder, previous history, smoking, edema of the legs

3) Specific complications

Unfortunately symptoms can persist in some patients by regrowth of neuroma in 10 % of the time, within a short period of their removal. Should this occur, further conservative or surgical treatment may be necessary.