

Having surgery for pain in the ball of your foot (metatarsalgia)

Department of Podiatric Surgery

Information for Patients

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What is metatarsalgia?

Metatarsalgia is pain in the ball of the foot caused by increased pressure. It can feel like 'walking on pebbles', aching or burning. It can affect one or all of the toes.

Why has this happened?

Metatarsalgia can be caused by a number of different reasons or conditions. Common causes include:

- Wearing high heeled/ thin soled shoes, having a stiff ankle, being overweight, long or prominent foot bone (metatarsal), hammer or claw toes, (bend in middle joint, making the toe bend downward), highly arched feet or injury to the joints
- Arthritis, gout or joint swelling (inflammation)
- Stress fracture (small crack or break in otherwise normal bone)
- Stretched or irritated nerve - either in the front of the foot or behind the ankle
- Having diabetes— may cause nerve damage and burning pains into the foot
- Bunion or arthritis in the big toe (even if you have had surgery for this) can put extra weight onto the ball of the foot

Do I need to have an operation?

Try these simple measures to help ease any pain. If these do not help, having an operation may help:

- Footwear— wear a supportive and cushioned shoe with a low heel. A walking shoe/

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or call 111 for non-emergency medical advice**

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To give feedback about this information sheet, contact InformationForPatients@uhl-tr.nhs.uk

boot or a trainer style shoe is ideal. Insoles may be helpful

- Maintain your weight to within recommended body mass index (BMI). See BMI Healthy Weight Calculator: <https://www.nhs.uk/live-well/healthy-weight/bmi-calculator/>
- A physiotherapist may help with exercises to reduce the pressure in the front of the foot
- Painkillers
- Referral to another Consultant may be suggested e.g, a Rheumatologist
- The podiatric surgery team may recommend a steroid injection to the sore area

How having an operation can help

Many people get relief with the simple steps above. However, some may benefit from an operation to:

- Release a trapped nerve or remove an irritated nerve (neuroma surgery)
- Straighten hammer or claw toes to take pressure off the long bones in the foot (metatarsals)
- Reshape or shorten sticking out metatarsal bones (metatarsal osteotomy)

Having an operation should reduce the pain or stop it completely and you should feel more comfortable when wearing shoes. You should only have an operation if the pain is severe or constant and is affecting your life and your ability to wear shoes. Do not have surgery for cosmetic reasons.

What will the operation involve?

There are several options depending on the actual problem you have, where the pain is, how much movement you have in your toe and your general health. The surgery team will talk to you about which is the best option for you. Surgery usually involves breaking and resetting the metatarsal, which is then held in place with a buried wire or screw. The foot will be heavily bandaged for a couple of weeks after the operation to protect the wound and control any swelling and bleeding.

Will I be awake during the operation?

Most operations are carried out under local anaesthetic, which means you will be awake during the operation. This is done by having a number of injections at the ankle. Local anaesthetic has a lower risk than general anaesthesia (going to sleep). The anaesthetic takes away pain but not the sensation of touch, temperature and vibration - you will not feel any pain during the operation but you will feel the surgeon touching the foot. The local anaesthetic will wear off approximately 3 to 10 hours after surgery.

In a small number of cases, you and your surgeon may feel that it is better for you to have your surgery under general anaesthesia. This will be discussed with you beforehand and you will also be given '[Having a general anaesthetic](#)' (see leaflet No. 870 on YourHealth yourhealth.leicestershospitals.nhs.uk/) to explain what this involves.

Can I eat and drink before I come in for my operation?

Most patients will be able to eat, drink and take their regular medicines as normal. However, if you have been advised that your surgery will be under general anaesthesia, you should not eat or drink for some time before your operation and anaesthetic to avoid problems. This will depend on what time your operation is planned for – see the ‘general anaesthetic’ leaflet for eating and drinking instructions. We will advise you if any of your regular medications need to be stopped.

How successful is the operation?

There are possible risks with all operations. The surgery team will carry out tests and monitor you to make sure you have the best chance of success. To get the best results you must carefully follow all of the advice and guidance given to you after your operation. 73 out of 100 of our patients report being much better following this surgery.

Complications may occur in about 1 in 20 cases but they can usually be treated and should not result in permanent disability or pain. However, a small number of patients do develop long-term problems or are disappointed with the results of surgery. You must be sure that the potential benefits of having this operation outweigh the risks.

Some possible complications may include:

- Joint stiffness
- ‘Floating toe’ - the toe does not touch the ground
- Blood clot in the leg (deep vein thrombosis - DVT) or lung (pulmonary embolism– PE). You will be checked for your DVT and PE risk and given information on how to reduce the risk of getting a blood clot after you operation
- The bones may not fuse (knit together) and you may need another operation. The risk of bones not fusing is increased 2.7 times more in smokers compared with non-smokers. Smoking also delays wound healing. We strongly recommend that you stop smoking
- The buried wire or screw, which is normally left in place, may need to be removed if it works loose or causes irritation to the surrounding skin. This can happen in 1 in every 10 people
- Infections in the wound and minor damage to the nerves of the toe can happen following any foot operation. Infection rates are estimated at less than 1 in 50 of all operations. Usually these are minor problems that get better quickly. Very rarely, wounds can become more deeply infected and require a further operation.
- Nerve pain may be ongoing and worse than the pain before surgery.

What to do if you can’t come for your operation

You must telephone the Day Surgery Unit staff to let them know if you are unable to come for your operation. Phone numbers can be found at the end of this leaflet. This may be because:

- Your current health status has changed (your operation may need to be delayed)

- You feel/are unwell (such as a cough, cold, high temperature or sickness and diarrhoea) on, or just before your operation date

What do I need to do before I come in for my operation?

Please note, the Day Surgery Unit will not allow family/ friends to stay with you. Expect to be with us for 2 to 5 hours

- Check your appointment letter to make sure you know what time to arrive and where to go
- Clean under the nails well the day before your operation
- Have a bath or shower on the day of your operation using soap
- Take off jewellery except your wedding ring (if you have one)
- You may bring along a personal music device with headphones but please keep any other valuables to a minimum
- Bring slippers to wear, you may also wish to bring a dressing gown
- Do not remove hair on the foot
- Take off nail polish and false nails
- If you are overweight, smoke or are not active, it may take longer for you to recover after surgery with a greater risk of developing complications. You may want to talk about this with your GP or health professional to see what you can do before surgery to help with this.

Why does someone need to stay with me after my operation?

We ask that someone stays with you for at least the first night after your operation. This is for your own safety. Although very rare, it is possible that you may feel unwell or you may fall and need help. If you cannot arrange this, please cancel your appointment. We will make another appointment as soon as you have help in place.

Will I need crutches?

Crutches are not normally needed after this surgery

What will happen in the first 2 weeks after the operation?

- A responsible adult should escort or drive you straight home after your operation. Public transport is not suitable. On the way home, keep your leg/foot up
- Fully rest for 2 days after your operation. Your foot may be quite sore; you will be given painkillers to help with this. You should keep your foot raised above your hip (elevated) to help with any swelling and pain. You may use pillows to support the leg and thigh. If you have an excessive amount of pain after the anaesthetic wears off, this can be helped by applying an ice pack at the ankle (above the dressing). Apply for 10 minutes and remove for 10 minutes, 3 times. Do this a maximum of 6 times in a 24 hour period

- Do not use ice packs if you have diabetes or no feeling in the foot
- If you continue to experience pain and it is 'out of office hours', call your on-call GP service, call 111 or visit your local Emergency Department. They will need to know what operation you have had and the painkillers you have already taken
- After 2 days, you may walk around for no more than 5 to 10 minutes in every hour. You will still need to strictly rest and raise your foot for 14 days after your operation. Please use the trauma shoe whenever you are on your feet (even if you have been given crutches to use). The shoe does not bend and therefore supports your foot and prevents pressure to the wound. You may take the shoe off in bed or when resting with your feet up
- Reduce the risk of blood clots (Deep Vein Thrombosis in the leg or Pulmonary Embolism in the lung) by **HER**: **H**ydrate (drink plenty of water), **E**levate (raise) the limb and **R**otate (from the ankle joint, use your foot to draw letters of the alphabet in the air - this helps to exercise the calf muscles at the back of the leg). Do not sit with legs crossed
- You must keep the dressings dry. Wet dressings may cause the wound to become infected
- You may get very little pain after your operation. You may think that you can do more than you should. Rest and elevation are essential. Too much walking may cause the foot to become painful and swollen which will delay healing and increase the risk of infection
- You will be seen at 7 to 14 days after your operation for a review and the team will remove any stitches at 10 to 14 days following your operation
- Your first appointment will be sent to you and further appointments will be made when you are seen in clinic
- You may find that a form of bed cradle (use a cardboard box) is helpful if the weight of the bedclothes causes a problem to the operated foot

Possible complications after your operation

In the following circumstances, contact the day surgery unit (Mon to Fri, 08.30am to 4.30pm). If no-one is available then contact your GP/Emergency Department (out of office hours) OR call 111.

Infection: Symptoms to look out for include:

- sudden increase in pain
- wound starts to bleed
- increasing redness in the area around your wound
- foul-smelling leakage from your wound
- temperature of 38° C (100.4° F) or more

Deep vein thrombosis (DVT) - if you have any of these symptoms you should urgently contact your GP or call 111

- pain, swelling and tenderness in one or both of your legs (usually your calf)
- a heavy ache or tightness in the affected area
- warm skin in the area of the clot

- red skin, particularly at the back of your leg below the knee
- usually (although not always) this affects one leg. The pain may be worse when you bend your foot upward towards your knee

Pulmonary embolism (PE) - if you have any of these symptoms you should call 999

- chest pain or breathlessness— which may come on gradually or suddenly
- chest pain – which may be worse when you breathe in
- sudden collapse

The dressing may become blood stained. If the mark is 2 inches (5 cms) wide or less, there is normally no problem. If you are concerned please contact us. Do not attempt to change the dressing yourself

What will happen 2 to 4 weeks after the operation?

- After the stitches have been removed a thin dressing will be put on to the wound. Keep this on and dry for 7 days. After 7 days, remove the dressing and as long as there is no leakage on it and the wound is closed, you may bathe or shower. Do not soak the foot at first
- Massage a plain, unperfumed moisturising cream into the foot 3 times a day and as the skin becomes stronger spend some time deeply massaging the operation site as this will greatly help the scar and swelling to settle down and it will also help with circulation and healing. Gently pull the toe down to stretch the scar. When standing up, push the toe down against the ground
- Put your foot down fully in the trauma shoe when walking
- Continue with light duties and listen to your foot. If it aches/swells then you must rest and raise your foot again and use ice packs if necessary
- The recovery period following your operation will depend on the specific procedure performed and your body's healing rate. It may take 6 months to fully recover from your operation

What will happen 4 to 6 weeks after the operation?

- During this period the foot should start to return to normal and you should be able to start to wear a trainer style shoe. Although the foot should now be more comfortable, there will still be some swelling, particularly towards the end of the day. Wearing a wider shoe or trainer is often needed. This is normal as feet and legs are very prone to swelling
- Continue to do all the exercises that were discussed with you at your re-dressing appointment. Although the wound has healed, your body continues to mend bone and other tissues. Too much weight on the foot may slow down healing. In severe cases the bone may break or screws/wires may fail and work loose. Bones take 6 to 12 weeks to mend and to recover their original strength. It is important to be patient and to avoid too much activity

10 weeks after your operation

You will be seen again for a review and have an X-ray in the Outpatients department

6 months after your operation

You will have a final review with the podiatric team. Any swelling should be slight or may have completely gone and you should be getting the full benefit of the surgery

When can I drive a car?

You are strongly advised not to drive until at least 6 weeks after your operation and only when you are comfortable walking in a normal street shoe. You must also be confident and competent to perform an emergency stop

When can I return to work?

Most patients can go back to work 6 to 8 weeks after the operation. This will depend on the type of work you do as well as what operation you had. If you have a physically active job you may be told to take more time off work. If this is the case, we will arrange a sick note for you

Contact details

If you have any questions or concerns please do not hesitate to get in contact with the podiatry team (Mon to Fri, 08.30am to 4.30pm).

Rutland Memorial Hospital

Main reception: 01572 722552 (option 8 for outpatient appointments)

Melton Mowbray Hospital

Main reception: 01664 854800.

Day surgery unit: 01664 854904

Loughborough Hospital

Main reception: 01509 611600

Day surgery unit: 01509 564406

Hinckley & District Hospital

Main reception: 01455 441800

Day surgery unit: 01455 441845

Outpatient appointments: 01455 441876

Market Harborough Hospital (St Luke's Treatment Centre)

Main reception: 01858 410500

Outpatient appointments: 01858 438135

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على هذه المعلومات بلغة أخرى، الرجاء الاتصال على رقم الهاتف الذي يظهر في الأسفل

જો તમને અન્ય ભાષામાં આ માહિતી જોઈતી હોય, તો નીચે આપેલ નંબર પર કૃપા કરી ટેલિફોન કરો

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Aby uzyskać informacje w innym języku, proszę zadzwonić pod podany niżej numer telefonu

Previous reference:

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