

Surgery for nerve pain at the front of your foot (Morton's neuroma)

Department of Podiatric Surgery

Information for Patients

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What is Morton's neuroma?

Morton's neuroma is a thickened swelling of a nerve in the front of the foot. It causes pain in the ball of your foot and toes. It is most often found between the 3rd and 4th toes. It is less likely to be found between the 2nd and 3rd toes.

An X-ray is sometimes used to help rule out other reasons for your pain. This will not show a neuroma. An ultrasound scan is sometimes needed to check for a swollen nerve. We mainly find the problem (neuroma) by checking your foot and where the pain is.

Why has this happened?

This nerve injury is often as a result of

- pressure or irritation from wearing tight shoes or
- high heels or hard thin-soled shoes or
- walking in such a way that the foot bones and ligaments push together and squeeze the nerves that pass between them. This friction causes the nerve to get bigger.

Symptoms of a neuroma vary but may be sharp, tingling or burning sensations that spread to the toes.

Do I need to have surgery?

Try these simple measures below for at least 3 months. This is to help ease any pain. If you have tried these measures and you are still in pain, you may need surgery to remove the nerve

- wear a low heeled and wide fitting shoe

**Health information and support is available at www.nhs.uk
or call 111 for non-emergency medical advice**

Visit www.leicestershospitals.nhs.uk for maps and information about visiting Leicester's Hospitals
To give feedback about this information sheet, contact InformationForPatients@uhl-tr.nhs.uk

- insoles may be helpful
- painkillers
- an ultra-sound guided injection of steroid around the neuroma can also help with the pain and confirm the diagnosis.

How having surgery can help

You should have less pain or it should stop completely with surgery. Also, you should feel more comfortable when wearing shoes. Think about surgery 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 surgery involve?

Surgery usually involves removing the swollen section of nerve. The foot will be heavily bandaged for 2 weeks after surgery. This is to protect the wound and control swelling and bleeding.

Will I be awake during surgery?

Most surgeries are done under local anaesthetic, so you will be awake during surgery. This is done using a series 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 feeling of touch, temperature and vibration. You will not feel any pain during surgery but you will feel the surgeon touching the foot. The local anaesthetic will wear off at about 3 to 10 hours after surgery.

In some cases, you and your surgeon may feel that having surgery under a general anaesthetic will be better for you. This will be discussed with you beforehand and you will also be given an information leaflet (870): '[Having a general anaesthetic](https://yourhealth.leicestershospitals.nhs.uk/)' to explain what this involves. Available on <https://yourhealth.leicestershospitals.nhs.uk/>

Can I eat and drink before I come in for surgery?

Most patients will be able to eat, drink and take their regular medicines as normal. If you have been told that your surgery will be under general anaesthesia, you should not eat or drink for some time before surgery and anaesthetic to avoid complications. This will depend on what time your surgery is planned for. See the 'general anaesthetic' leaflet for eating and drinking instructions. We will tell you if any of your regular medications need to be stopped.

How successful is the surgery?

There are possible risks with all surgeries. The podiatric surgery team will do tests and checks to make sure you have the best chance of success. They will also give you advice and guidance after your surgery. To get the best results, carefully follow all of the advice and guidance that you are given.

- 83 out of 100 of our patients say that their symptoms have become less after this surgery.
- 1 in 20 cases may have problems, but they can usually be treated.

- They are not likely to have permanent disability or pain.
- A small number of patients can have long-term problems or are not happy with the results of the surgery. You must be sure that the benefits of having this surgery are greater than the risks.

Some possible complications with neuroma surgery include:

- Stiffness in surrounding skin or joints
- Regrowth of nerve in the operation site, the nerve may become trapped within scar tissue (stump neuroma). A steroid injection may help with this or you may need to have another surgery.
- Pain under the ball of the foot as a result of a change in foot shape or function (transfer pain)
- Loss of sensation, usually temporary though occasionally permanent.
- Blood clot in the leg (deep vein thrombosis - DVT) or lung (pulmonary embolism - PE). You will be checked for your risk of developing blood clots and given information on how to reduce the risk of getting a blood clot after surgery. Available on YourHealth (leaflets 338 and 339) <https://yourhealth.leicestershospitals.nhs.uk/>
- There can be infections in the wound and minor damage to the nerves of the toe after any foot surgery. Infection rates are estimated at less than 1 in 50 of all operations. Usually these are minor problems that get better quickly. Wounds becoming more deeply infected and need further surgery is very rare. Nerve pain may be ongoing and worse than the pain before your surgery.

What to do if you cannot come for your surgery?

You must call the day surgery unit staff. Let them know that you are not able to come for your surgery. You can find the phone numbers at the end of this leaflet.

Your reasons could be because:

- your current health status has changed (your surgery may need to be delayed)
- you feel or are unwell (such as a cough, cold, infection, high temperature or sickness and diarrhoea) on, or just before your surgery date.

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

The day surgery unit will not let family or friends to stay with you. You will be with us for 2 to 5 hours

- Check your appointment letter. Make sure you know what time to arrive and where to go
- Have a bath or shower on the day of your surgery using soap
- Remove jewellery except your wedding ring (if you have one)
- You may bring along a personal music device with headphones. **Do not** bring extra items.

- Bring slippers to wear, you may also wish to bring a dressing gown
- Do not remove hair on the foot
- Remove nail polish and false nails and clean well under the nails

If you smoke, are overweight or not active, you may take longer to heal after surgery. You may be in a greater risk of having problems. Talk to 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 surgery?

For your own safety, you should have someone stay with you for the first night after surgery. It is rare but may be possible that you may feel unwell or you may fall and need help. If you cannot set this up, please cancel your appointment. We will book another appointment as soon as you have the help in place.

Will I need crutches?

Crutches are not normally needed after this surgery.

What will happen in 1 to 2 weeks after surgery?

- a responsible adult should escort or drive you straight home after surgery. Public transport is not suitable. On the way home, keep your leg or foot up.
- fully rest for 2 days after your surgery. Your foot may be quite sore. You will get painkillers to help with this. Keep your foot up above your hip (elevated). This is to help with any swelling and pain. You may use pillows to support the leg and thigh. If you have a lot of pain after the anaesthetic wears off, apply an ice pack at the ankle to help with this. Do this for 10 minutes and remove for 10 minutes 3 times, up to 6 times in a day (24 hours).
- do not use ice packs if you have diabetes or no feeling in the foot. And be careful to not wet the dressing
- if pain continues 'after office hours', ring your on-call GP service, call 111 or visit your local Emergency Department. They will need to know what surgery you have had and what 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 surgery. 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. It 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 (DVT or PE) by **HER**—Hydrate (drink plenty of water), **E**levate (raise) the leg 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
- keep the dressings dry. Wet dressings may cause the wound to become infected
- you may get very little pain after surgery. 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. This will delay healing and increase the risk of infection.
- you will be seen by a member of the surgical team at 7 to 14 days after your surgery for a check. Stitches will be removed at 10 to 14 days after surgery.
- your first appointment will be posted to you. Further appointments will be made when you are seen in the clinic.
- you may find that a 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 surgery.

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

Infection: Symptoms to look out for are:

- sudden rise in pain
- wound starts to bleed
- more 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 1 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, at the back of your leg below the knee
- usually (although not always) affects 1 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 slowly or suddenly
- chest pain – which may be worse when you breathe in
- sudden collapse

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

What will happen 2 to 4 weeks after surgery?

- 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. 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. As the skin becomes stronger, spend some time deeply massaging the operation site. This will help the scar and swelling to settle down. It will also help with circulation and healing. Gently move the bones around the scar, up and down. This is to help break up deeper scar tissue.
- Start wearing a trainer style shoe
- Keep doing light duties and listen to your foot. If it aches or swells then you must rest and raise your foot again. Use ice packs if needed.
- How long you will heal after surgery will depend on
 - the specific procedure done and
 - your body's healing rate.

It may take 6 months to fully heal from your surgery.

What will happen 4 to 6 weeks after surgery?

During this time, the foot should start to return to normal. Although the foot should now be more comfortable, there will still be swelling, particularly towards the end of the day. Use of wider shoes or trainers is often needed. This is normal as feet and legs might swell.

10 weeks after your surgery

You will be seen again for a review in the Outpatients department

6 months after your surgery

- you will have a final review with the podiatric surgery team.
- any swelling should be slight or may be fully gone.
- you should be getting the full benefit of the surgery

Who is responsible for my care?

Your treatment or surgery will be done by a podiatric surgeon. This is a fellow of the faculty of surgery (College of Podiatry). Podiatric surgeons are not registered medical practitioners (medical doctors). They are non-medical specialists in the surgical and non-surgical management of problems of the foot and associated structures. They are registered with the Health and Care Professions Council (HCPC).

Titles: The podiatric surgery team may have different professionals dedicated to the success of your surgery. The common titles are explained below.

Podiatrist:

- has a 3 year degree in podiatric medicine and will be registered with the Health and Care Professions Council (HCPC).
- are independent clinicians, qualified to diagnose and treat foot problems.
- may specialise in particular areas of work such as, the care of the diabetic patient or sports medicine

Podiatric surgeon:

- is a podiatrist that has trained only in the surgical and non surgical treatment of the foot.
- is not registered with the GMC as they are not medically qualified.
- is registered with the Health and Care Professions Council (HCPC). You can check your professional is registered with the HCPC.

Consultant podiatric surgeon:

- After some years of practice within a Health Service Department of Podiatric surgery, a podiatric surgeon may be appointed as a consultant that is the lead clinician appointed by an NHS Trust to provide a podiatric surgery service.

Are podiatric surgeons the same as orthopaedic surgeons?

Podiatric surgeons are **not the same** as orthopaedic surgeons but carry out **similar foot operations**.

Orthopaedic surgeons:

- completed a medicine degree and are doctors.
- then went for further training in the management of bone and joint conditions which affect the whole body
- some go on to have specialist training in one area of the body e.g. the foot and ankle.

For more information please go to: <https://rcpod.org.uk/podiatric-surgery>

Contact details:

If you have any questions or concerns please do not hesitate to get in contact with the podiatric surgery team (Monday to Friday, 08.30am to 4.30pm).

Rutland Memorial Hospital

Main reception: 01572 772000 (option 8 for outpatient appointments)

Melton Mowbray Hospital

Main reception: 01664 854800 Day surgery unit: 01664 854904

Outpatients: 01664 800154

Loughborough Hospital

Main reception: 01509 611600 Day surgery unit: 01509 564406

Outpatients: 01509 564355

Hinckley & District Hospital

Main reception: 01455 441800 Day surgery unit: 01455 441845

Outpatient appointments: 01455 441918

Market Harborough Hospital (St Luke's Treatment Centre)

Main reception: 01858 410500

Outpatient appointments: 01858 438135

اگر آپ کو یہ معلومات کسی اور زبان میں درکار ہیں، تو براہ کرم مندرجہ ذیل نمبر پر ٹیلی فون کریں۔
على هذه المعلومات بلغةٍ أخرى، الرجاء الاتصال على رقم الهاتف الذي يظهر في الأسفل

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

ਜੇ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਭਾਸ਼ਾ ਵਿਚ ਚਾਹੁੰਦੇ ਹੋ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਹੇਠਾਂ ਦਿੱਤੇ ਗਏ ਨੰਬਰ 'ਤੇ ਟੈਲੀਫੋਨ ਕਰੋ।

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

Previous reference:

If you would like this information in another language or format such as EasyRead or Braille, please telephone 0116 250 2959 or email equality@uhl-tr.nhs.uk