Other useful organisations

www.patient.co.uk

www.nhs.uk

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Mortons Neuroma

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如有需要,本传单可提供其他语言/版式 此單張的其他語言/格式版本可按要求提供 Na żądanie ta ulotka może zostać udostępniona w innych językach/formatach.

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Mortons Neuroma

Morton's neuroma is a condition that affects one of the nerves between the toes, usually the nerve between the third and fourth toes, but sometimes the second and third toes are affected.

Fibrous tissue develops around the nerve, which becomes irritated and compressed. This causes severe pain on the ball of the foot and at the base of the toes.

The surgeon will make a small incision, either on the top of your foot or on the sole. They may try to increase the space around the nerve (nerve decompression) by removing some of the surrounding tissue, or they may remove the nerve completely (nerve resection). The foot and ankle are then bandaged

If the nerve is removed, the area between your toes may be permanently numb.

Risks

Swelling: Your foot will swell after the operation as part of the response to surgery and the healing process. This will reduce gradually but it may take more than six months for the swelling to go down completely. It is important to elevate your foot in the early stages

Infection: The incision (cut) usually heals within two weeks, but may leak a small amount of fluid. In a small number of cases (5%), the wounds may become infected and you may need to be prescribed antibiotics. As the neuroma is very deep in the foot, wound problems are more common.

Persistent or recurrent pain: A proportion of patients (10 - 20%) experience persistent pain after surgery, or their symptoms may recur. Further surgery may be necessary.

Numbness: The operation involves removing the part of the nerve that causes pain and discomfort. As a result, some permanent numbness will be experienced in the web-space of the involved toes.

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Work

You can usually return to work after two-four weeks, but you must try and keep the foot elevated.

Depending on the nature of your employment, you may be signed off from working for longer.

Driving

You can start driving after two weeks.

The Drivers Vehicle Licensing Agency (DVLA) regards it as your responsibility to judge when you can safely control a car.

You should contact your doctor or the DVLA if you are concerned about this.

Sport

It may take six weeks to return to your normal sporting activity level.

You should speak to your surgeon about this if you are uncertain.

Discharge Information

Keep appropriate limb elevated for as much as possible following the first week after surgery. Whenever the foot is put down, it will swell and become sore. It may also look bruised.

Try to limit the amount of walking you do to short distances for the first two weeks after surgery. Continue to wear your post op shoe and elevate when possible.

Once the local anaesthetic in the joint starts to wear off, you will need to start taking painkillers. Simple analgesia such as paracetamol may be sufficient unless your are prescribed medication to take home. Please read the instructions and stick within the stated dose.

Observe the colour of toe/s;

If they feel cold/blue/pale discolouration, seek medical advice.

If your wound bleeds, apply direct continuous pressure with clean gauze to the area for 10-15 minutes.

If bleeding continues seek medical advice.

Leave dressings intact until you come to clinic this is usually 14 days post surgery
Or alternatively
Dressings/wound check/removal of sutures may need to be arranged with your local treatment room/walk-in centre, the nurse discharging you will advise you of this.
Please call them on the number on your referral form, given to you on discharge, to arrange an appointment as instructed.
Treatment Room Referral Number
For a wound check/removal of stiches on

Once the wound is completely healed, you should apply an unperfumed moisturiser over the wound as well.

Massage the scar as this helps it become softer and less sensitive.

If you experience any of the following symptoms, please contact your GP/Walk-in Centre or go to your nearest A&E in the event of an emergency.

- Increasing pain
- Excessive bleeding
- Increasing redness
- Excessive swelling or oozing around the wound site
- Fever (temperature higher than 38°C).

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