Morton neuroma surgery

Patient Information by Mr Stefan Weitzel, Consultant Foot & Ankle Surgeon

General Info

This leaflet provides general information to a patient undergoing **surgery for Morton neuroma of the forefoot** for reference both pre- and postoperatively. This is one of the common causes of forefoot pain (metatarsalgia) and usually involves excision of the abnormal nerve between the heads of the midfoot bones. There may be individual differences of the exact procedure carried out and/or the recommended postoperative rehabilitation protocol, and therefore this may be used only as **a general guide**.

For specific questions or concerns please do not hesitate to get in touch through the practice manager on 020-32914143 or via laura@weitzelortholtd.co.uk

What happens before surgery?

Patients who have been booked for **Morton neuroma surgery** will receive admission information directly by the hospital. They may be contacted by the pre-admission team and may have to attend preoperatively for some basic tests (e.g. bloods, heart tracing (ECG), MRSA swab) to confirm anaesthetic fitness and ensure perioperative safety.

Day of surgery

On the day of the surgery there will be a further opportunity to discuss the exact nature of the surgical procedure recommended with the surgeon as well as details of the postoperative recovery & follow-up arrangement. In addition, benefits and potential complications will be re-explained and documented on a consent form that is signed by both the patient and the surgeon.

Detail of surgical procedure

Morton neuroma excision surgery typically involves a dorsal incision (at the top of the forefoot) to approach the 2nd and/or 3rd web space from which the abnormal nerve is either removed or the impinging ligament divided to reduce the pressure on the nerve. The skin is then usually closed with absorbable sutures.

Routinely an ankle block *(regional anaesthetic injection)* is administered by the surgeon or anaesthetist before the end of surgery to reduce postoperative pain for 12 to 24 hours. Tingling or other abnormal sensation in the toes and or foot may be experienced temporarily and usually resolves except in the area that was supplied by the excised abnormal nerve.

Anaesthetic

A general anaesthetic is usually recommended but the surgery can also be carried out under an ankle block (regional anaesthetic) & sedation. The type of anaesthetic used will be discussed with the surgeon and anaesthetist on the day of surgery.

Before discharge

Postoperatively, the patient will be supported with a soft bandage and be asked to elevate the foot at least 2hours to reduce bleeding risk. Thereafter, a postoperative shoe will be provided to aid mobilisation with or without crutches depending on patient preference.

Further suitable pain relief in the form of tablets is provided before the patient leaves the hospital. For most patients this is a day case procedure, but some may choose tom stay overnight for various reasons including slow recovery from the anaesthetic.

Clinic follow-up & return to activities including work

The bandage remains in place for 2-3 days when the patient will be removing the bandage and changing it to a lower profile dressing to allow toe exercises. Clinic follow-up takes place around 10-14 days postoperatively. Here the wound is checked again, and any external suture material removed if required. At this stage further protection is recommended in the postoperative shoe with a compression stocking to control swelling. The patient will be given instructions in wound care that includes how to dress the foot after a bath or shower. Many patients can get into wide-fitting or comfortable footwear (e.g. trainers) at around 2-4weeks postoperatively. Most patients are now reasonable active and can get around comfortably. Many patients in sedentary jobs (e.g. office work) may now be able to return to work fully or in modified capacity.

The second follow-up appointment is usually scheduled around 6-8 weeks to review progress, ensure the toe healing is complete. Patients in physically more demanding professions may have to delay return to work until after 6 weeks.

Swelling can occasionally persist for 2-3 months postoperatively (and rarely longer) delaying the return to fashionable or tight-fitting shoes.

Complications & Outcome

Early postoperative risks with any forefoot surgery include *bleeding* (which may rarely require an early change of dressing) and *wound healing problems & infection*. The latter is rarely serious and responds quickly to regular wound care and a short course of oral antibiotics. *Nerve problems* may be noted when the dressing is reduced and are either experienced as a reduced sensation or tingling in the toes or around the surgical scar. This is usually permanent but often the area of abnormal sensation or numbness decreases with time and is rarely a problem for the patient. A more generalised but rare form of nerve dysfunction is caused by *complex regional pain syndrome (CRPS)* that gives rise to swelling, aching, stiffness & abnormal sensation in the forefoot. This almost always resolves with physiotherapy and mobilisation over a period of months.

Thrombo-embolism (blood clot) in calves and/or lungs is very uncommon in forefoot surgery in patients without significant risk factors (e.g. previous history). Therefore, medical thrombo-prohylaxis is not routinely recommended but a compression stocking is usually offered by the nursing staff.

Longer term risks can include *reduced toe mobility or deformity and recurrent neuroma* pain that may rarely arise from the nerve stump. However, generally a large majority of patients obtain a good or excellent outcome following this type of surgery (>80%).