



Morton's Neuroma

Information for patients from Trauma and Orthopaedics (T&O)

You have been diagnosed with Morton's Neuroma. This leaflet will explain:

- what Morton's Neuroma is
- what the causes and symptoms are
- what the risks are to having surgery; and
- what will happen if you choose not to have the operation.

We hope this leaflet helps to answer some of the questions you may have. If you have any further questions or concerns, please speak to a member of your healthcare team.

What is Morton's Neuroma?

Morton's Neuroma is an inflammation (swelling) and thickening of a nerve in your foot. It is found between the metatarsal bones, a group of five long bones in the foot.



Comparison between a normal nerve and an inflamed nerve (neuroma)

What causes Morton's Neuroma?

Morton's Neuroma is thought to be the result of repeated trauma (injury) or friction from tight shoes. It can be mistaken for metatarsalgia (pain in the ball of your foot).

What are the symptoms?

Common symptoms include:

- pain in the ball of your foot, linked with burning and / or pins and needles in your toes; and
- sometimes there is numbness in your toes.

What are the treatment options?

- You can help improve your symptoms, by using metatarsal pads and making changes to your foot wear. This will help remove the pressure from the painful area.
- Your doctor may have suggested you have an ultrasound scan to investigate your diagnosis, and to see if you have a neuroma. If you had this scan, it can be used to give you a guided injection. This is usually a corticosteroid injection, which may help to reduce your inflammation.
- You should only consider surgery after you have tried the treatments listed above.

What happens if I ignore the condition?

The reason(s) why you came to the appointment may not get better, and sometimes can get worse. It is difficult to predict.

What happens when I arrive at the hospital?

When you arrive at the hospital you will be seen by the nurses, a physiotherapist, and doctors who will explain your procedure. Please use this time to ask any questions.

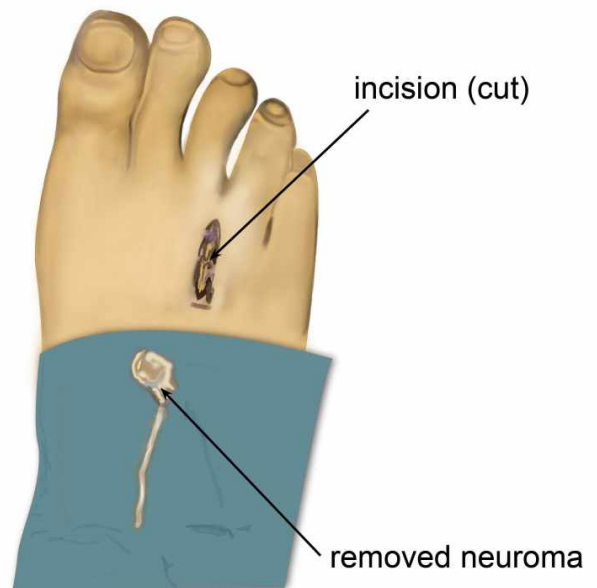
You will be asked to change into a hospital gown and stockings.

What happens during surgery?

Surgery will remove the problematic neuroma. Your surgeon will do this through an incision (cut) on the top of your foot, between the metatarsal heads.

After the nerve is removed, the web-space and side of your toes will remain numb but will no longer be painful.

You will discuss this procedure with your surgeon before any treatment is decided. You will have a chance to ask any questions or raise any concerns you may have.



An incision (cut) on the top of the foot, and a removed neuroma

Will I have a general anaesthetic?

Surgery is normally carried out under general anaesthesia (you will be asleep).

You will be told at your pre-assessment appointment:

- when to stop eating and drinking
- what to do with your medications; and
- where to go on the day of your surgery.

How long will I have to stay in hospital?

This surgery is usually performed as a day case procedure (you will be able to go home the same day).

You will need someone to drive you home after your surgery, and someone must stay with you overnight.

How will I feel after my surgery?

You will be given painkillers to help with any discomfort after your operation. Everyone reacts to the anaesthetic differently. Feeling sick is common, and we do our best to avoid this.

What happens after surgery?

- Your foot will be in bandaging.
- You will be given a surgical shoe, which will allow you to weight-bear whilst protecting your foot. Unless your surgeon has told you otherwise.

- A member of your healthcare team will give you crutches for support. Please use these as advised by your doctor.
- **When sitting, you must elevate (raise) your affected leg above your heart level, as much as possible for the first few weeks.** Also, move your ankle as much as possible.

Will I have a follow-up appointment?

Yes, you will have a follow-up appointment 2 weeks after your surgery. At this appointment, your bandages will be removed and your dressings changed.

If your surgeon is happy with your progress at this appointment, you can start wearing a normal comfortable shoe.

When can I start my normal activities again?

You should be able to return to impact sports 4 weeks after your operation. However, for some patients this can take up to 8 weeks.

When can I start driving again?

This is a difficult question to answer. Your healthcare professionals are not able to take responsibility for this.

You need to check with your insurance company about when they will be willing to insure you to drive again. **You must not be in a cast or boot when driving.** You must be able to do an emergency stop safely before driving again.

When can I return to work?

When you can return to work depends on how much your job needs you to put weight on your affected foot. If you sit down a lot at work and you can keep your foot elevated, you can return 2 weeks after your operation. Otherwise you should expect to return to work after 4 weeks.

What are the risks?

As with any surgery there are risks. Your surgeon will discuss these with you in more detail before your procedure.

Common complications of this type of surgery include the following.

- You can expect **swelling** for up to 6 months, particularly in the evenings.
- **Infection** rates are low, and antibiotics are given before any surgery. If you do develop an infection, this can cause problems.
 - A skin infection can be managed with antibiotics.

- If you develop a deep infection, we may need to remove any unhealthy bone. You will also need a long course of antibiotics.
- **Nerve injury** can result in numbness around your wound. We expect the web-space to feel numb after surgery, as the nerve has been removed. If a stump neuroma develops, this can cause significant discomfort and may need further surgery.
- **Complex Regional Pain Syndrome (CRPS)** (<https://leaflets-cms.ekhuft.nhs.uk/complex-regional-pain-syndrome-crps>) can develop when the nerves around the operation site become overly sensitive. Swelling, skin changes, and stiffness can happen and be debilitating. This is uncommon, but if it does happen it is usually managed by a specialist in pain management.
- **Deep Vein Thrombosis (DVT)** (<https://leaflets-cms.ekhuft.nhs.uk/deep-vein-thrombosis>) / **Pulmonary Embolism (PE)** (<https://leaflets-cms.ekhuft.nhs.uk/pulmonary-embolus>) is rare with this surgery, as you are allowed to weight-bear immediately after your surgery using a surgical shoe and can continue to move your ankle.

What if I have any questions or concerns once I return home?

If you have any questions before your surgery, contact the team secretary through the hospital switchboard.

After surgery you can call the team secretary, the ward, or your GP if you have any further concerns or questions. If you have concerns and cannot get in touch with anyone, go to your nearest Emergency Department.

Ask 3 Questions

There may be choices to make about your healthcare. Before making any decisions, make sure you get the answers to these three questions:

- What are my choices?
- What is good and bad about each choice?
- How do I get support to help me make a decision that is right for me?

Your healthcare team needs you to tell them what is important to you. It's all about shared decision making.

What do you think of this leaflet?

We welcome feedback, whether positive or negative, as it helps us to improve our care and services.

If you would like to give us feedback about this leaflet, please fill in our short online survey. Either scan the QR code below, or use the web link. We do not record your personal information, unless you provide contact details and would like to talk to us some more.

Giving feedback about this leaflet



<https://www.smartsurvey.co.uk/s/MDOR114/>

If you would rather talk to someone instead of filling in a survey, please call the Patient Voice Team.

- **Patient Voice Team**

Telephone: 01227 868605

Email (ekhuft.patientvoice@nhs.net)

This leaflet has been produced with and for patients.

Please let us know:

- If you have any accessibility needs; this includes needing a hearing loop or wanting someone to come with you to your appointment.
- If you need an interpreter.
- If you need this information in another format (such as Braille, audio, large print or Easy Read).

You can let us know this by:

- Visiting the Trust web site (<https://www.ekhuft.nhs.uk/ais>).
- Calling the number at the top of your appointment letter.
- Adding this information to the Patient Portal (<https://pp.ekhuft.nhs.uk/login>).
- Telling a member of staff at your next appointment.

Any complaints, comments, concerns or compliments, please speak to a member of your healthcare team. Or contact the Patient Advice and Liaison Service on 01227 783145 or email (ekh-tr.pals@nhs.net).

Patients should not bring large sums of money or valuables into hospital. Please note that East Kent Hospitals accepts no responsibility for the loss or damage to personal property, unless the property has been handed into Trust staff for safe-keeping.

Further patient information leaflets are available via the East Kent Hospitals' web site (<https://www.ekhuft.nhs.uk/patient-information>).

Reference number: Web 448

First published:
November 2019

Last reviewed:
February 2025

Next review date:
June 2028



Illustrations and Photographs created by the Medical Photography Department.

Copyright © East Kent Hospitals University NHS Foundation Trust.