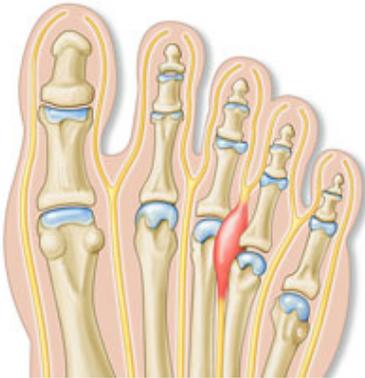


PATIENT INFORMATION: MORETON'S NEUROMA

What is a Morton's neuroma?

First described in 1876 a Morton's neuroma is a collection of scar tissue surrounding the nerves that supply sensation to your toes. It is thought to occur as the two digital nerves connect, resulting in a larger than usual nerve that can become irritated, resulting in scar formation and pain.



What are the symptoms?

This condition is up to 9 times more common in females. It usually occurs between the 3rd and 4th little toes but has been described between the 2/3 and 4/5 toe spaces. It often presents with burning, pain and numbness shooting up the toes and is reported to be worse with tight shoes, high heels or after long periods of standing.

What else could this be?

There are several other conditions that present with similar symptoms. Metatarsalgia, due to stretching or rupture of the plantar plate tissue at the base of your toe, can also present with toe pain and burning. Also, people with longstanding diabetes can present with numbness in one or all their toes. Previous surgery can affect the nerves to the toes and neuromas can occur if the nerves have been damaged, resulting in similar symptoms.

Up to 50% of the general population will have a neuroma – often without any pain or numbness. Therefore, even if an ultrasound or MRI shows a neuroma in your foot this may not necessarily be the source of your symptoms. An injection in or around the neuroma can help with both pain relief and diagnosis.

What treatment options are there available?

There are non-surgical and surgical treatments available. Non-surgical treatments include changing your footwear or wearing a specially fashioned orthotic such as a metatarsal dome. High heels are generally contraindicated for a Morton's neuroma. Steroid injections, usually performed under ultrasound, are also an option.

What does the operation involve?

For the initial surgery, the neuroma is taken out through an incision (cut) on the top of your foot between your toes. A ligament, called the transverse metatarsal ligament which compresses the nerve, is released and the neuroma, the nerve it surrounds and its feeding branches to the nerve, are removed. The tissue is usually sent to pathology for confirmation that a neuroma was identified. The results of this test normally take one week. The wound is closed with sutures and a dressing is applied.

Will I need a general anaesthetic?

A general anaesthetic is usually required for the operation. In some circumstances, the procedure may be done under spinal anaesthetic or using nerve blocks. Our regular anaesthetists, who are experts in this area as well as postoperative pain relief, will be happy to discuss this with you further.

What happens after surgery?

Patients normally go home the same day. Patients wear a special shoe for 2 weeks after surgery to help the wound heal. You can put full weight through your foot immediately after surgery. Once the wound heals you can transition back to normal shoes and return to work & sport as soon as you feel comfortable. Patients can normally return to driving once they are able to mobilise independently.

What are the risks of surgery?

Neuromas can recur in up to 10% (1/10) of patients sometimes requiring repeat surgery. Generally, revision surgery needs to be performed through the sole of the foot to obtain better access to the nerve and avoid previous scar tissue.

There is a small risk of infection to the wound which normally settles with antibiotics. Very rarely, wound debridement is required.

Occasionally the entire neuroma may not be able to be visualized and therefore not removed in entirety. Ongoing pain and numbness can persist in this instance.

The digital arteries are closely entwined with the nerve. Very rarely the arteries can be damaged requiring amputation of the toe.

Complex regional pain syndrome (CRPS) is a rare complication of any foot surgery. In this instance, the nerves become hyperstimulated and give a perception of pain even when there is no stimuli. It can be difficult to treat requiring input from a pain specialist, physiotherapist and even a psychologist.

The chance of blood clot in the legs or lungs is very low as patients are encouraged to mobilise early. However, blood clots can go to the lungs and cause breathing problems.

If you have any further questions please don't hesitate to contact the surgery below.

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