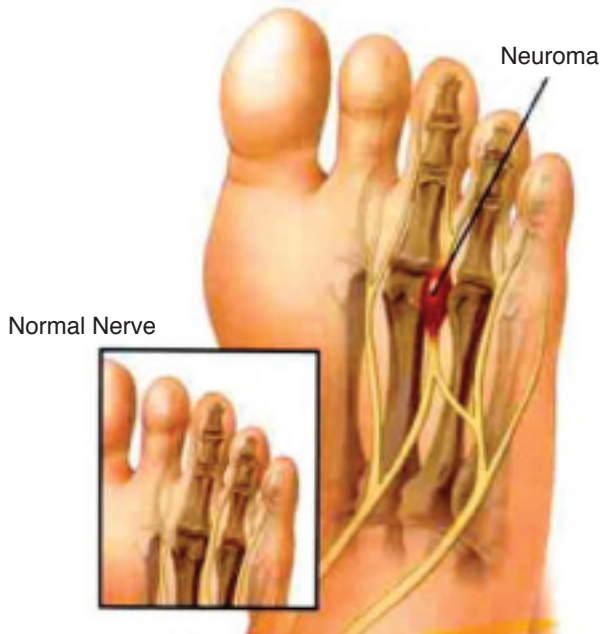


Morton's Neuroma



A Morton's neuroma may cause pain and numbness in the toes and forefoot and most commonly occurs between the 3rd/4th toes (80%) or the 2nd / 3rd toes (20%). It is due to compression of the nerve between the 'knuckles' of the foot. Gradually, the nerve becomes thickened producing a nodule or 'neuroma'. Commonly the patient will have undergone a steroid or sclerosing (alcohol) injection therapy. Patients may have been provided with custom insoles before being considered for surgery.

The operation involves excising (removing) the nerve including the part that is damaged and swollen. This is performed through an incision on either the top or bottom of the forefoot, between the corresponding metatarsal heads ('knuckles'). Following the surgery, you will be in a bulky dressing and a postoperative shoe or boot. It is essential that the foot is kept elevated for the first ten days.

General Recovery Facts

- You can expect mild to moderate pain for a few days
- If your incision is on the top of your foot, you can walk on the foot (heel) immediately post op. If it is on the bottom, you may not be able to bear weight for 3 weeks.
- The toes will remain puffy / swollen for about 3 months
- Massaging the foot during the first 3 months from surgery is important

Main Risks Of Surgery:

Swelling - Initially the foot will be very swollen and needs elevating. The swelling will disperse over the following weeks and months but will be apparent for up to 6-9 months.

Infection - This is the biggest risk with this type of surgery. Smoking increases the risk 16 times. You may be given intravenous antibiotics the day of surgery. However, the best way to reduce your chances of acquiring an infection is to keep the foot elevated over the first 10 days. If there is an infection, it may resolve with a course of antibiotics. On rare occasion, hospitalization and further surgery may be needed.

Wound problems - Sometimes the wounds can be slower to heal and this does not usually cause a problem but needs to be closely observed for any infection occurring. Smoking may increase the risk of this complication.

Scar sensitivity - The scars can be quite sensitive following surgery but this usually subsides without treatment. If persistent sensitivity occurs then this can be treated.

Nerve Injury - The web space from which the nerve is removed may be permanently numb. This does not bother most patients but the web space should subsequently be checked regularly by the patient when bathing to ensure no skin problems as they will not have protective sensation here.

CRPS - This stands for complex regional pain syndrome. It occurs rarely (1%) in a severe form and is not properly understood. It is thought to be inflammation of the nerves in the foot and it can also follow an injury. We do not know why it occurs. It causes swelling, sensitivity of the skin, stiffness and pain. It is treatable but in its more severe form can take many months to recover.

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Main Risks Of Surgery: (cont)

Deep Vein Thrombosis (DVT) - This is a clot in the deep veins of the leg and the risk of this occurring following foot and ankle surgery is low (generally < 1%). The fact that you are mobile after surgery and able to take weight through the heel of the operated foot helps to minimize this small risk. However, it is sensible to try and move the toes and the ankle regularly following the surgery and probably also sensible to avoid a long-haul flight in the first 4 weeks following surgery. If a deep vein thrombosis (DVT) occurs then you will require treatment with heparin and Warfarin to try and prevent any of the clot travelling to the lungs (pulmonary embolus / PE) which can be much more serious).

Continuing symptoms - Most people (80-90%+) are very happy with the results of their neuroma surgery but you can appreciate that if some of the above problems occur then this may also affect the end result. Occasionally, the neuroma can recur (5%) and this can be a difficult problem to treat. Results of further surgery are not usually very rewarding.

Sick Leave

In general 2 weeks off work is required for sedentary employment, 4-6 weeks for standing or walking work and 6-8 weeks for manual/labor intensive work. We will work with you to ensure the proper paperwork is filled and returned to your employer.

Driving

If you have an AUTOMATIC VEHICLE and ONLY LEFT leg surgery then it is likely you will be allowed to drive after your outpatient review at 1 week post surgery. IF you have a MANUAL VEHICLE or RIGHT leg surgery then you will NOT be able to drive until 2 weeks post surgery (discuss with your surgeon).

These notes are intended as a guide and some of the details may vary according to your individual surgery or because of special instructions from your surgeon.