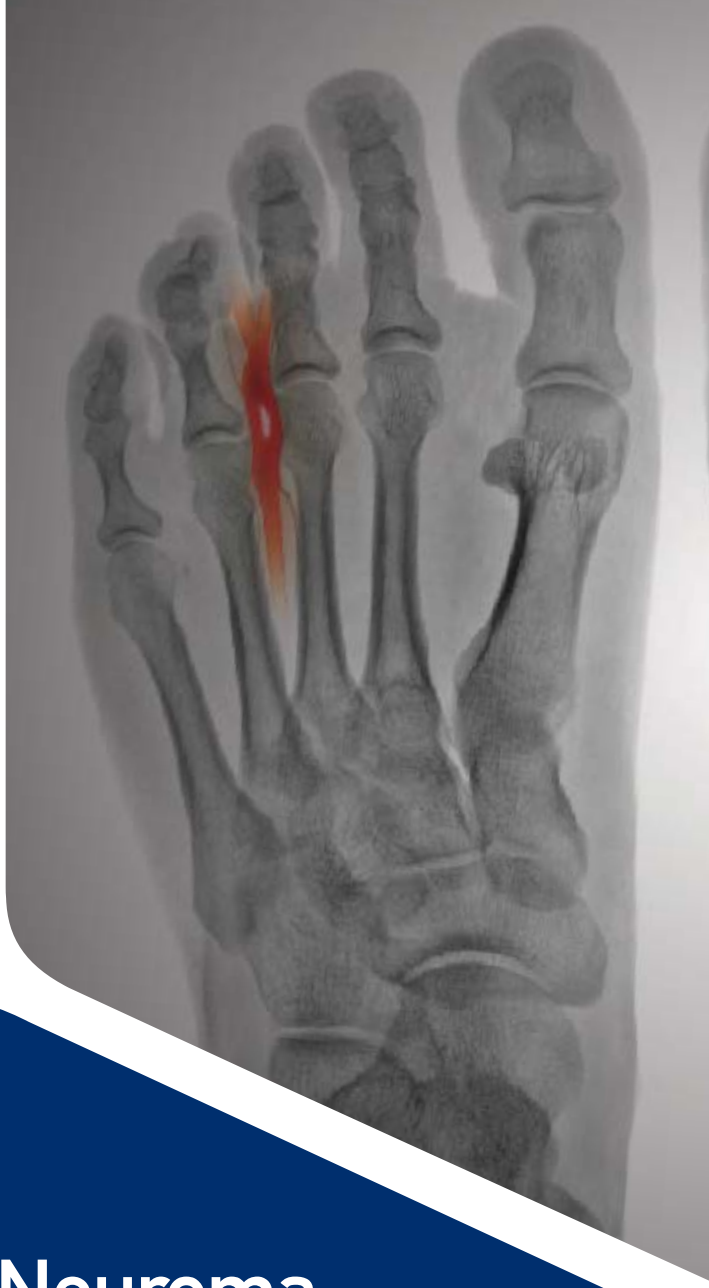
NUHS
National University
Health System



Morton's Neuroma Excision

Please scan QR code for more information on NUHS Orthopaedic Surgery

The Department of Orthopaedic Surgery offers specialist medical and surgical treatments on musculoskeletal disorders, joint replacements, foot and ankle disorders, among other trauma injuries. Our consultants and surgeons work closely with sports medicine physicians, physiotherapists, podiatrists and other healthcare professionals to help patients return to their normal activities after surgery.

What is a Morton's neuroma?

A neuroma is an enlargement on a nerve, in this case, the nerve to the toe which runs between the bones in the ball of the foot. The enlargement may be due to the nerve being trapped by the bones and ligaments of the foot, and symptoms may be exacerbated by putting too much weight on the front portion of the foot. It is most common in women between 30 and 50 years old, but it can also affect men and other age groups.

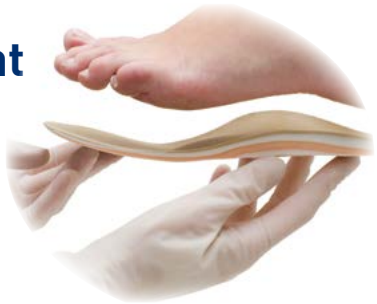
What are the symptoms?

A small neuroma is likened to the sensation of stepping on a lump in the shoe. Larger neuromas can be painful, with patients describing a sharp or throbbing pain with a feeling of 'electric shocks' or shooting pain into the toes. Symptoms are often worse in shoes than bare feet at first, but may progress to symptoms that are experienced all the time.

How is it diagnosed?

Morton's neuroma is diagnosed by a combination of consultation and examination by an orthopaedic surgeon. In some cases, imaging studies (ultrasound or MRI scans) may be required to confirm the diagnosis.

What are the treatment options?



Treatment may be surgical or non-surgical.

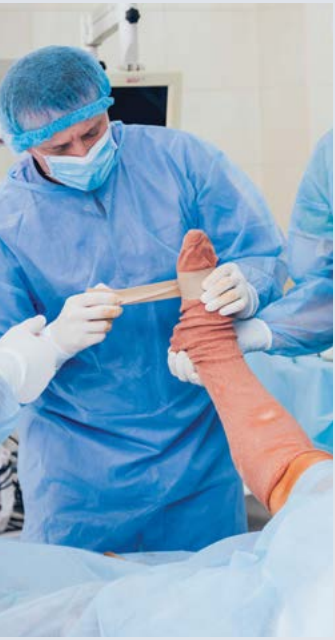
+ Non-surgical

Non-surgical treatments include wearing wider and more supportive shoes.

Custom-made insoles (orthotics) may also relieve symptoms of a neuroma by relieving pressure from the painful area.

An image-guided injection (administered using ultrasound control to confirm the exact placement of the needle) can provide complete relief of symptoms in approximately 1/3 of patients[1] and should not affect a patient's suitability for surgery later should it fail or the symptoms return. It is therefore often advisable to administer this injection before pursuing other treatment options.

Physiotherapy can help by stretching the calf muscle and relieving pressure on the front of the foot.



Surgical

An incision is usually made on the top of the foot (in some cases the incision may be made at the bottom of the foot) directly over the neuroma. The section of the nerve containing the neuroma is removed and the wound is stitched and dressed. The foot is then covered in cotton wool and a crepe bandage to minimise swelling after surgery.

There will be some permanent numbness between the two toes next to the neuroma. The skin between those two toes may also be a bit drier than the skin between the other toes. Compared to the pain of the neuroma, numbness and dryness typically does not cause any inconvenience, with some patients hardly noticing it.

After surgery

Pain Management

Some pain is expected in the few days after your surgery. Local anaesthesia will be administered during the surgery so that when you awake, your foot will be numb but not painful. When the local anaesthesia wears off after a couple of hours (similar to a local anaesthesia at a dental clinic), you will be given painkillers. You will also be prescribed painkillers upon discharge. The more you elevate your foot in the first two weeks after surgery, the more comfortable you will feel.

Dressings and stitches

You will have a large bandage on your foot post surgery. It is important to keep your dressings dry. If they accidentally get wet, come back to have them changed at the hospital. You will be reviewed at our outpatient clinic 10 to 14 days after surgery and have your dressings removed. If non-absorbable stitches were used, they will be removed. If absorbable stitches were used, the doctor will check your wound to ensure that it is healing well.

Mobility

Elevate your foot above the level of your heart when you sit, especially in the first few days after surgery. You may walk when necessary, but it is advisable to keep it elevated as much as possible for your wound to heal (10 to 14 days).

Driving and work

You must not drive for 24 hours after an anaesthetic. You should also not drive until your stitches are removed and your foot feels comfortable. If the operation was on your right foot, please do not drive until you are comfortably able to perform an emergency stop. This may take between two to six weeks.

A medical certificate will be given to you for a period of two weeks after your surgery. In most cases, you may return to work after your stitches are removed and your wound has healed. If your job involves manual labour or if it requires you to stand for long periods, you may be given more time to recover.

Strenuous activity and sports should be avoided for about four weeks.

Possible risks and complications

Complications after removing a Morton's neuroma rarely occur. However, they may arise in the form of:

- **Bleeding:** Some bleeding is expected. Should your dressings be soaked excessively with blood, please contact the hospital for a dressing change.
- **Infection of the wound:** This is rare. If you notice your wound becoming red or swollen, or if there is a cloudy discharge, please contact the hospital.

- **Recurrence:** A neuroma may very occasionally return at the original site, and other times at different sites in the foot or in the other foot.
- **Thromboembolic complications (blood clots in the large veins of the leg or lung) such as Deep Vein Thrombosis (DVT) or Pulmonary Embolism (PE):** While this is possible after any surgery on the lower limbs, its incidence is extremely low (around 0.3%) in foot and ankle surgeries. Blood-thinning medication can be prescribed to prevent blood clots. The risks associated with blood-thinning drugs are greater than the risk of developing blood clots. For this reason, blood-thinning medication are usually not prescribed[2,3,4] unless deemed necessary by your doctor. Please inform your surgeon if you have had DVT or PE before.

The information in this brochure is not exhaustive. If you would like to know more, please approach any of our staff.

For further information: www.footeducation.com

References

1. Markovic M, Crichton K, Read JW, Lam P, Slater HK. Effectiveness of ultrasound-guided corticosteroid injection in the treatment of Morton's neuroma. Foot Ankle Int 2008;29-5:483-7.

2. Mizel MS, Temple HT, Michelson JD, Alvarez RG, Clanton TO, Frey CC, Gegenheimer AP, Hurwitz SR, Lutter LD, Mankey MG, Mann RA, Miller RA, Richardson EG, Schon LC, Thompson FM, Yodlowski ML. Thromboembolism after foot and ankle surgery. A multicenter study. Clin Orthop Relat Res 1998-348:180-5.

3. Solis G, Saxby T. Incidence of DVT following surgery of the foot and ankle. Foot Ankle Int 2002;23-5:411-4.

4. Griffiths JT, Matthews L, Pearce CJ, Calder JD. Incidence of venous thromboembolism in elective foot and ankle surgery with or without aspirin prophylaxis. JBJS (B) 2012 Feb; 94(2):210-4.

Our Patient Care Institutions

National University Hospital
Ng Teng Fong General Hospital &
Jurong Community Hospital
Alexandra Hospital
National University Polyclinics
Jurong Medical Centre
National University Cancer Institute, Singapore
National University Heart Centre, Singapore
National University Centre for Oral Health, Singapore
NUHS Diagnostics
NUHS Pharmacy

Scan the QR code for more information on our patient care institutions.

OneNUHS Hotline: (65) 6908 2222
OneNUHS General Enquiries: contactus@nuhs.edu.sg
OneNUHS Appointments: appointment@nuhs.edu.sg
www.nuhs.edu.sg

OneNUHS APP
Healthcare Made Simple

Scan to download

Take charge of your health and access health information and services across NUHS institutions.

Information is correct at time of printing (Mar 2023) and subject to revision without prior notice.