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Neuroma surgery

Introduction

This leaflet will explain what will happen when you come to the hospital for an operation to treat Morton's neuroma in your foot.

Why do I need this surgery?

The pain in your foot is thought to be due to a Morton's neuroma. This was first described by an English Podiatrist in 1845 but named by an American Surgeon in 1876. The neuroma is a swelling and thickening of the nerve under your foot just before the toe web-space. When you walk the nerve is compressed and causes pain which usually is felt as a burning sensation which often radiates to the toes. Conservative treatments for this condition usually do not have much long-term success and the recognised treatment for Morton's neuroma is cut out the nerve. This will lead to some numbness of the adjacent toes but should not affect your mobility.



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Diagram of thickened nerve under foot.

What does surgery involve?

On the day of surgery you will be admitted to the ward and one of the nursing staff will check you in, take your blood pressure and any other tests that may be required. The surgeon will remind you of the surgical process and possible complications and ask you to sign a consent form. You can eat before the operation as it is under local anaesthetic only – the surgeon will numb your foot via a series of injections around the ankle. At some point during the morning/afternoon you will be escorted to theatre. You may bring a personal stereo or ipod with you.

The operation will take about 20-45 minutes and usually involves making an incision on top of the foot via which the nerve is cut out. Occasionally, this procedure is carried out via an incision under your foot and if this does happen you will need crutches after surgery. If this is the case the post-operative instructions differ – this will be discussed with your surgeon. The wound will be closed using non-dissolvable stitches.

After the operation you will be taken back to the ward and given a drink and something to eat. You will be advised on taking painkillers and given a post-operative boot to wear.

Once ready you will be discharged from the day surgery unit.

You should not drive after foot surgery and should be accompanied home by a responsible adult.

You will be advised of your follow up appointment date, either on the day or by letter in the post.

How will I feel afterwards?

Although long-acting local anaesthetic, administered during the procedure, should control most of the pain for about 8 to 10 hours, you can expect some pain or discomfort after the operation. Painkillers will be discussed with you prior to your operation and you should bring these with you on the day of surgery.

Recovering from surgery

The first 2 days

Restrict your activity to going to the toilet only. You will be able to stand and take weight on your heel. Bend your knee and ankle regularly to stimulate circulation. Most people are able to stop taking any painkillers after 48 hours. Do not leave the house, drive or get the foot wet. Keep wearing your post-operative boot.

2-7 days

You should aim to be moving around for 20 minutes in the hour resting with your foot elevated for the remaining 40 minutes. Do not go out of the house, drive or get your foot wet.

Your foot will be checked in the outpatients clinic and your dressings will be changed. We may advise you to increase your activity but you should stay in your house, do not drive and keep the foot dry. Keep wearing your post-operative boot.

At 7 days

At the first post-operative appointment the dressings will be changed and the foot examined. You will be advised on mobility and pain relief. The foot will be re-banded in the same way and you will need to rest at home for one further week. Keep wearing your post-operative boot.

At 14 days

At the second post-operative appointment you will probably have the stitches taken out. This is normally painless. You will be advised to increase your activity gradually. As soon as you are able, you should start wearing your widest shoes i.e. trainers. You may bathe and wash normally and apply moisturising cream to improve your skin condition. You will gradually return to your normal activities. If you drive, you may do so when you can walk comfortably. If you don't think you are fit to drive at this stage, don't!

Over a period of several months your foot will gradually return to normal and the swelling will reduce. You may apply ice compresses to the foot several times each day to reduce any swelling.

What are the possible risks and complications?

The successful outcome of any operation cannot be guaranteed. The following information outlines the more common complications relating to foot surgery in general and more specifically to the type of operation that you are having.

General complications of foot surgery

- Pain. There will be post-operative pain. For most people the pain passes after 24-48 hours and is tolerable with regular painkillers (following dosage recommendations).
- Swelling. This is a normal outcome of any operation. The extent of post-operative swelling varies and cannot be predicted. In some people the swelling reduces within a matter of weeks and in others could take many months. Application of an ice pack greatly reduces swelling.
- Infection. There is a small risk of infection with all surgery. If this occurs it will be treated with relevant antibiotics. Look out for redness and discharge from the wound.
- Deep Vein Thrombosis. Also known as Venous Thromboembolism (VTE), this is a rare complication of foot surgery under local anaesthetic. The risk increases if you are having a general anaesthetic. There is also an increased risk if you take the contraceptive pill, HRT or smoke. Immobilising the leg in a cast also increases the risk of a DVT. If you have had a DVT in the past, please tell your surgeon. If you do have certain risk factors you will have an injection to thin your blood on the day of surgery. This might need to be repeated for up to 7 days following surgery.
- Complex Regional Pain Syndrome (CRPS). This is a rare but difficult complication. This is an abnormal response of the nervous system to surgery but can happen after simple trauma. This can lead to a variety of painful sensations in the foot, which require medical and pain relieving techniques.
- Scarring: As a result of your surgery you will have a scar on your foot. To begin with the scar will be raised, red and sensitive but with time it will normally settle.

Specific complications of neuroma surgery

- In a small percentage of patients the operation is unsuccessful and can lead to a painful nerve ending. This is a 'Stump Neuroma' and is uncommon. It can occur if you are too active in the post-operative period. Reports differ but it is believed to occur in about 5-20% of patients. It can be treated by steroid injection and if severe, further surgery.
- Further (revision) surgery after neuroma surgery carries a significant risk of scarring and continued discomfort.
- The cut piece of nerve can re-grow requiring further surgery.

- The sides of the toes supplied by the damaged nerves will be permanently numb. Most patients are aware of this when the toes are touched but not usually when walking. It rarely causes concern.
- Your foot may develop scar tissue which in some people can cause a bruise like discomfort around the operation site and this may last for many months. It usually improves in time.
- You may develop pain in adjacent parts of the foot after surgery which were not originally apparent at the time of surgery.

This leaflet is intended as a guide only. The vast majority of patients who have neuroma surgery have very good results. Occasionally, complications occur which alter the normal post-operative recovery outlined in this leaflet. These will be identified and discussed in your follow up appointments.

Useful numbers

Baddow Hospital	01245 474070
Baddow Emergency Contact Nurse	07591 977965
Queen Anne Street Medical Centre	020 7034 3301

Any concerns you may have during the first 24 hours following your discharge from hospital please telephone the ward you were on. After 24 hours please seek advice from your GP.