

MORTON'S NEUROMA

WHAT IS MORTON'S NEUROMA?

Morton's Neuroma is a painful condition of the nerve close to the balls of your feet. The nerve becomes irritated and inflamed because it is compressed by the ligament (intermetatarsal ligament) that holds the two long bones (metatarsals) either side of it. This process leads to the formation of scar tissue around the nerve.

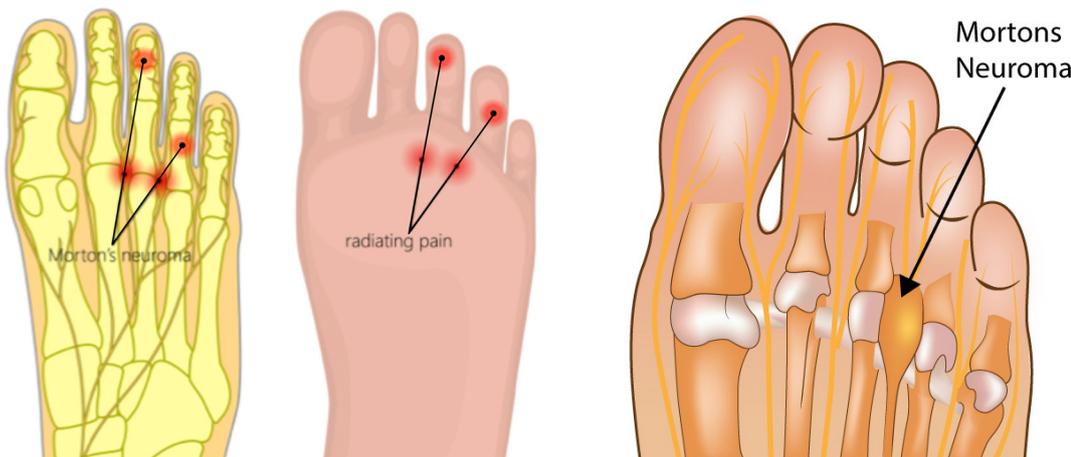
It is quite likely that high heeled and narrow shoes contribute to this condition. As such, women are more likely to experience Morton's Neuroma than males.

Morton's Neuroma can feel like a lump or a rolled-up sock in the web space between your 3rd and 4th toes where it usually occurs. Less frequently it occurs in the spaces between the other toes.

SYMPTOMS

Morton's Neuroma can feel like a lump or a rolled-up sock in the web space between your 3rd and 4th toes where it usually occurs. Less frequently it occurs in the spaces between the other toes.

It can also cause a burning pain between the metatarsal heads (balls of your feet) that radiates into the toes. Patients may also experience numbness into these toes.



WHAT IMAGING IS NEEDED?

Diagnosis of Morton's Neuroma can often be made on examination alone. Alternatively, it may be necessary to proceed to ultrasound or Magnetic Resonance Imaging (MRI).

Mr Daniel Goldbloom

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NON-SURGICAL TREATMENT

Initially, non-surgical treatment is used to manage Morton's Neuroma.

A visit to the Orthotist or Podiatrist might be useful. They should be able to provide you with advice about wearing appropriate shoes. In addition, they can provide special insoles with a "metatarsal dome" that may help relieve pain by separating the metatarsal heads to reduce pressure on the nerve.

Pain killers prescribed by your Doctor can assist in reducing pain. An injection of corticosteroid medication can bring some temporary relief by reducing swelling and inflammation of the nerve.

A further option called Radio Frequency Ablation (RFA) can be performed by referral to a Radiologist. This involves "deadening" the nerve, so it stops sending painful signals to your brain.

SURGICAL TREATMENT

If non-surgical means have failed, then surgery is indicated. Surgery involves removing the nerve and dividing the intermetatarsal ligament. The incision is placed on the top of the foot in the affected webspace. Most patients' symptoms significantly improve after surgical intervention. As the nerve supplying that area is removed, you can expect to lose some feeling in the web space between the toes. This should not affect your ability to perform your usual activities.

POST-OPERATIVE CARE FOR MORTON'S NEUROMA

- **When you go home it is very important to elevate the foot 23 hours a day above the level of your heart for two weeks.**
- Patients usually weight bear in a stiff sole open toe shoe from day one.
- You will be seen by a Physiotherapist whilst in hospital who will provide you with the appropriate footwear and ensure you are able to manage your post-operative weight bearing instructions.
- You will have a wound review at 2-3 weeks with Mr Goldbloom and a Wound Nurse Specialist. Your dressings are to stay dry and intact until this appointment.
- You will have an appointment with Mr Goldbloom 6 weeks after your surgery to assess the outcome of the operation. It will be decided at this appointment if it is safe for you to wear normal footwear.

Refer to the Foot and Ankle Surgery Information Sheet for further post-operative instructions.

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