

# Forefoot pain & Morton's Neuroma

Pain in the forefoot is a common and debilitating problem that is often difficult to diagnose as there are many different causes.

The two most common diagnoses are Metatarsalgia and Morton's Neuroma.

## What is Metatarsalgia?

Metatarsalgia literally means pain in the Metatarsals, which are the bones or knuckles in the forefoot. Sometimes the knuckles get exposed to abnormal pressure and loads during walking and standing. This can cause pain ('burning' type) and swelling in the forefoot and the toe may deviate to one side or start 'clawing' up. The specific cause varies greatly and is often due to alterations in the complex biomechanics of the foot.

## What can be done for Metatarsalgia?

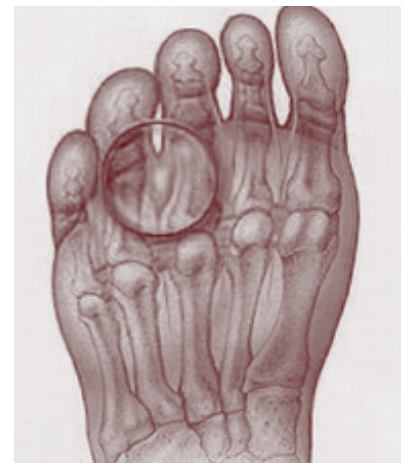
Most people with Metatarsalgia get good relief from pain by doing simple things like wearing appropriate footwear and using specialised shoe inserts (orthotics).

Occasionally surgery is required and in this case the operation is carefully individually tailored to the specific cause of the problem.

## What is a Morton's Neuroma

A Morton's neuroma is a painful inflamed nerve in the forefoot that sits in the webspace between the toes and gets compressed and irritated as it passes under a ligament between the two bones.

The irritation in and around the nerve causes a sharp pain or sometimes 'stonebruise' in the 2<sup>nd</sup> or 3<sup>rd</sup> webspace of the forefoot with weight bearing. The toes either side of the webspace may



feel like 'pins and needles' or even go numb. Diagnosis is clinical but X Ray and MRI may be used to rule out other conditions.

### **Non-Operative Forms of Treatment**

Luckily many people with a Morton's neuroma will get good relief from simple treatment measures.

People with a Morton's Neuroma should avoid tight shoes or high heels and use a wider shoe or a shoe with low heels and a soft sole. This reduces pressure on the nerve and enables the

bones to spread out. A custom-made shoe insert (orthotic) may help relieve irritation by separating and lifting the bones, and reducing pressure on the nerve.

If the neuroma is very troublesome an injection of cortisone and local anaesthetic can provide quick and (hopefully) long lasting pain relief.

### **Operative Treatment**

If non-operative measures fail then there are two further recommended treatment options.

#### **1: Radiofrequency Ablation**

This is a new technique that involves inserting a special heat probe into the foot under general anaesthesia and 'burning' the neuroma. The procedure appears to be about 80% effective in reducing the pain and need for further surgery. This minimally invasive day procedure enables immediate full weight bearing and very little time off work. Most people have a bruised foot for 1-2 weeks.

#### **2: Surgery (neurectomy)**

When all else fails, surgical excision of the neuroma is indicated. A small incision is made on the top of the foot above the neuroma and the irritated nerve is identified and removed (neurectomy). The toes adjacent to that webspace will usually develop some permanent numbness, which may improve a little with time. The foot is quite uncomfortable for 2-4 weeks and it is important to elevate the foot for at least a week after surgery. A post op shoe is used to mobilise. Most people are able to wear sandals at 2 weeks and enclosed footwear at 4 weeks.

### **Recovery**

Stay in hospital Day Surgery

Rest and elevation 1 Week

Suture Removal 2 Weeks

Crutches required 3-5 days

Time off Work

- Seated 1 Week
- Standing 3-4 Weeks
- Swelling 4 Weeks
- Sport 6-12 Weeks

This brochure is a brief overview of a removal of Forefoot pain and Morton's Neuroma and is not designed to be all-inclusive. If you have further questions please discuss them with your surgeon.