Morton's Neuroma

What is this factsheet about?

- A summary of the condition
- The operation (with YouTube links)
- The main aim behind the surgery
- Things you need to know
- General information
- Relative risks

The condition

Official names: Morton's neuroma, plantar digital neuritis, metatarsalgia

Over time pain affects the front of the foot, especially around the toes leading to local discomfort, pain, tingling, shooting sensations to the end of the toes and burning. Evidence exists to suggests that surgery can be avoided if factors (especially incorrect footwear) are removed early enough and conservative treatment commences promptly. Surgery is indicated if no other solutions can be found and is more often preceded by a steroid injection.

The operation

Alternative names: neurectomy, neural ablation, nerve excision. Procedures not included: <u>radio-frequency ablation</u>, cryosurgery, and alcohol injection.

- Surgery may be undertaken under local or general anaesthesia
- The approach may be from the top or bottom of the foot and sometimes between the toes
- Multiple sites may be operated on together or at separate times
- The nerve is removed and often sent for analysis and measurement
- The scar is dressed after the wound has been closed with stitches

Aim of surgery

- To remove an enlarged nerve, often associated with a sac called a bursa
- To allow comfort when wearing shoes, walking and putting pressure on the foot
- To establish the cause of the pain and remove a piece of nerve that will not recover with conservative methods, because it has become too large
- Additional information from NHS Choices last updated 12/6/25

Things you need to know

The operation performed forms the fourth largest referral to podiatric surgeons and is a major cause of foot pain called metatarsalgia (a non-specific pain in the front of the foot).

General data

Size of data = 2400 episodes of care, and data reflected 888 reported and completed follow-ups (37%). Missing data arises where the patient failed to answer a question.

Return to footwear (taken as a closed-in shoe)

6-8 weeks = 91.1%, by 3 months = 92.6%, by 6 months = 97.4%

How patients felt about their surgery

Aims met for patients

81.7% complete satisfaction, and in part = 12.4%. Where patients not helped by this surgery = 5.1%. **Patients willing to repeat the experience**

93.8% yes and 4.5% no.

Pain after surgery

Excellent = 41%, some discomfort but coped = 55%, poor pain control = 2.9%

About your condition now

Better or much better = 88.5%. About the same = 5.1%. A little worse = 2.6%. Deteriorated = 2.7%

Discomfort now (after 6 months)

No problems at all = 27%. Occasional or when standing for long periods = 58%. When standing only = 12%. At rest = 10%.

Problems after surgery

No problems at all = 76.5%. Minor (e.g dressing problem or wound) = 19.4%. Major problem (extended care or infections) 3.3%.

Relative risks

Note that risk does not provide any indication of impact. A negative impact score is graded from 1 to 5, with 1-3 being common; most scores tend to cluster around 3 if issues occur. For neuroma surgery, 64% of cases report no problems, and most of these are minor; however, this means 36% do experience problems. Levels 4 and 5 are significant, with recorded risks between 4.7%, indicating high impact. **No level 5 scores** were reported in this data; out of 2,400 cases, 646 were reported, representing 27%—source: Royal College of Podiatry (2018).

You can also buy my personal journey following his foot surgery, available as an eBook on Amazon. Morton's Neuroma. Podiatrist Turned Patient: My Own Journey. PLEASE NOTE A NEW EDITION WILL BE AVAILABLE FROM AUTUMN 2025. This will cover more details about what to expect from surgery and more about recovery with the author's personal diary.

Useful websites include:

PASCOM-10 data from The Royal College of Podiatry.

British Orthopaedic Foot & Ankle Society https://www.bofas.org.uk/,

National Institute for Health Care and Excellence https://www.nice.org.uk/guidance/ipg140 NHS Choices https://www.nhs.uk/pages/home.aspx