**nerve pain**

Factsheet 3: Neuroma surgery

# **What is this factsheet about?**

* a summary of the condition
* the operation (with u-tube links)
* the main aim behind the surgery
* things you need to know
* general information
* how patients felt after surgery and relative risks
* Additional information and disclaimer

## The condition

Official names: Morton’s neuroma, 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: [radio-frequency ablation](https://www.nice.org.uk/guidance/ipg539/chapter/3-The-procedure), cryosurgery, alcohol injection.

* [Surgery](https://www.youtube.com/watch?v=GrFS-67_ZCc) may be undertaken under local or general anaesthetic
* 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](https://www.nhs.uk/conditions/mortons-neuroma/) last updated 27/7/18
* NICE guidelines poor see radio-frequency ablation above (2015)

## 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).

1. Swelling beyond 4 months 0.3-0.7%
2. Transfer pressure (metatarsalgia) can arise in 1.4-2 % of cases and require an insole temporarily or permanently.
3. Numbness risk around 1.5-1.9% chance but usually improves over 12 months
4. Scar line pain 4-5% \*
5. Delayed healing 1-2%
6. Stitch reaction 1.5%
7. Infection 2%
8. Nerve ending scar pain 2.5% ‘stump neuroma’
9. Pain at surgery site after 6 weeks 4.6-6.5% (can relate to scar and nerve stump)
10. Complex pain syndrome 0.2-0.3% (more severe form) but less than 0.5% in milder forms. Treatment can take many months and in some cases is not successful.
11. Failed surgery 0.4-1.5%
12. Blood filled swelling (haematoma 0.5-0.8%

## General data

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

**Benchmark patient satisfaction score** = 70. College score average = 86.6

Scores for surgery of this nature are marked down because return to footwear is considered. Only simple surgery can be expected to reach consistent 90-100). These are not percentage scores

**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 you with any indication of impact. A negative impact score is graded 1-5 where 1-3 is common with most scores often recorded around 3 if they occur. For neuroma surgery 64% have no problems and most are minor, that means 36% do have problems. Level 4 and 5 are significant and have been recorded between 4.7% high impact risk. **There were no level 5 scores** reported in this data 646 cases reported out of 2400 (27%).

## High Impact scores for this surgery (level 4)

Failed surgery needing repeat. Complex pain (0.2-0.3%) can be distressing and resist treatment leading to disability. Other types of higher impact were not available from this data.

**More information can be found on foot conditions at www.consultingfootpain.co.uk**

**You can also purchase David Tollafield personal journey following his own foot surgery available as an eBook (£2.62)**

# **Further information & disclaimer**

This is a free factsheet and has been independently written and updated by a former [podiatric surgeon](http://consultingfootpain.co.uk/) without sponsorship.

Surgery is not risk free no matter how well performed. Do not consider surgery without understand other options. **ConsultingFootPain** aims to provide free impartial information to a wide reader interested in foot health. This fact sheet provides links to other information.

**ConsultingFootPain** factsheets do not replace advice offered by your consultant or specialist neither are they intended to replace correct consenting before surgical management or replace additional information your specialist may offer.

[Numerical data](https://www.pascom-10.com/information-resources) has been gathered from the College of Podiatry and is one of two professional U.K providers for foot surgery. PASCOM-10 is a national database for podiatry and was commissioned originally in 2000 and is wholly owned and administered by the College of Podiatry. Reported data will vary from audits and full data collection above 25% is often considered a good result. The data can only provide a guide but in the case of neuroma presents between 600-888 patient episodes. A patient may have more than one episode of care.

Please sign-up to my website [consultingfootpain.co.uk](http://consultingfootpain.co.uk/). for further information on foot health problems.

Useful websites include: College of Podiatry <https://www.scpod.org/>, 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>

Further reference: [Morton’s Neuroma. Podiatrist Turned Patient: My Own Journey](https://www.amazon.co.uk/Mortons-Neuroma-Podiatrist-Patient-Journey-ebook/dp/B077R4VR6S/ref%3Dsr_1_1?ie=UTF8&qid=1534780350&sr=8-1&keywords=tollafield)

