

MORTON'S NEUROMA EXCISION SURGERY



SURGERY INFORMATION



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THE SURGERY

The surgery (if performed without other procedures) is usually a day case procedure. Under an anaesthetic, an incision is made over the location of the neuroma on the top of the foot. A tourniquet is used on the thigh to limit bleeding. The nerve is identified between the bones and the ligament which compresses the neuroma is divided. The tissue and swelling is excised and sent to the laboratory to confirm the diagnosis.

Associated operations may include:

- Bunion correction (**see Minimally Invasive Bunion Surgery and Hallux Rigidus Surgery**)
- Lesser toe deformity correction (**see Lesser toe deformity correction**)

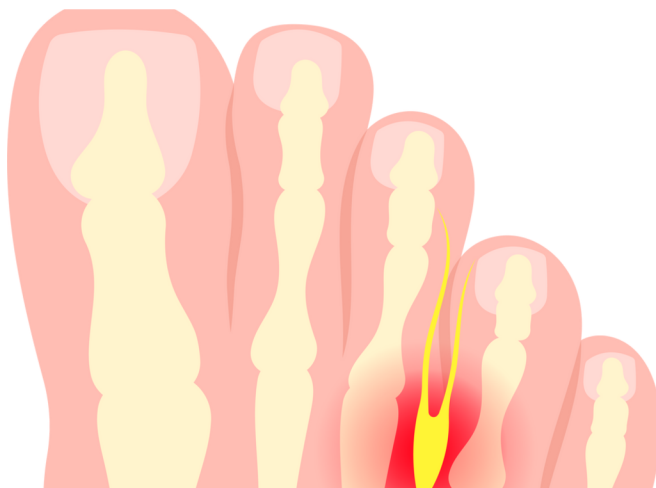


Diagram illustrating a morton's neuroma

THE HOSPITAL STAY

- You will wake up with a **Darco Shoe**
- You will be able to walk in the darco shoe
- You will be able to go home the same day
- You will need to take blood thinners to prevent blood clots and vitamin C 1g daily to help wound healing and pain management

WHEN YOU GO HOME

- You will need **medications** for pain relief; regular paracetamol (2 tablets four times a day) is recommended, as well as strong pain killers, especially at night before bed. These can have side effects of drowsiness, nausea and constipation, and other tablets to help with these side effects may be required.
- You will need to take vitamin C and blood thinners as prescribed
- You can debulk the dressings in 48 hours and keep the sticky dressings intact
- You will be given more dressings to take home to cover the old dressings
- You can shower and pat the dressings dry
- You will need to attend your **post op appointment** in 2-3 weeks where the wounds will be checked

REHABILITATION

All patients are different. These timelines are only a guide, and some patients may progress faster or slower than others.

0-3 weeks	<ul style="list-style-type: none">• You will be in a darco shoe for walking; you can remove it for sleeping, resting and showering• Pain relief: Please take regular paracetamol with meals and before bed; stronger pain killers are sometimes needed, especially before bed• Please take blood thinners and vitamin C as prescribed
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2-3 weeks	<ul style="list-style-type: none">• Post op appointment for a wound review• If swelling is settled, you can start wearing supportive sneakers• Avoid high impact activities and narrow/high heeled shoes
6 weeks	<ul style="list-style-type: none">• You can wear normal shoe wear but it is good to avoid narrow shoes or high heels• You can get back to normal activities• Swelling may persist for up to 3-4 months

CONTACT

If you want more information, or have any questions or problems, please contact Dr Graff on admin@christygraff.com or please call the rooms on **0493 461 133**

WHEN CAN I DRIVE?

- 2 weeks

WHEN CAN I RETURN TO WORK?

- Seated work at 3-4 weeks
- Prolonged standing 6 weeks
- Heavy labour work 6 weeks in supportive lace up boots

WHAT CAN GO WRONG?

- Anaesthetic problems
- Wound/scar problems
- Recurrence
- Blood clots
- Infection
- Ongoing pain/swelling
- The need for further surgery
- Chronic regional pain syndrome

IMPORTANT NOTE:

Removing the neuroma causes permanent numbness between the 2 toes and creates a new neuroma in a different part of the foot; the new neuroma is buried in muscle and usually not painful