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Consultant Podiatric Surgeon

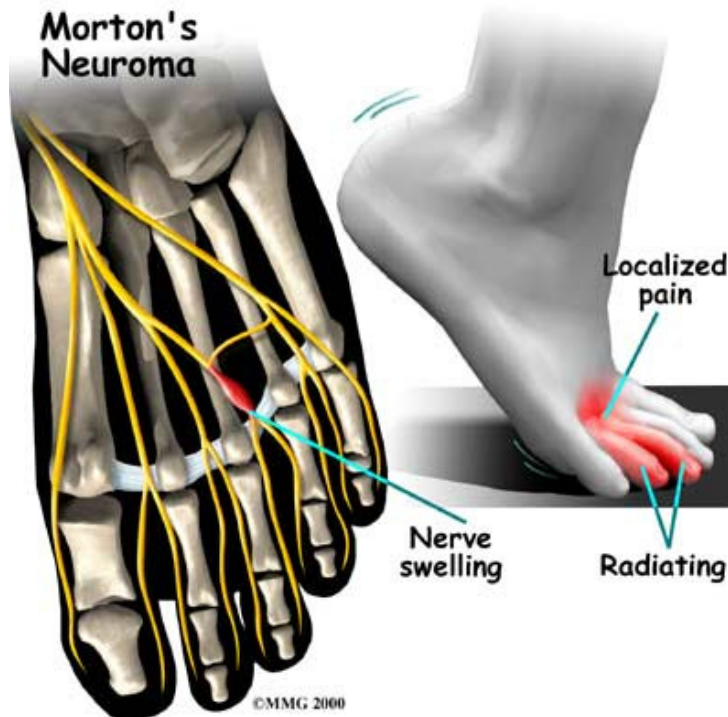
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P4

About Your Neuroma



Morton's Neuroma (irreversible fibrous swelling of the nerve) is a cause of a painful forefoot which is not related to an outward deformity of the foot. Classically it is located between the 3rd & 4th metatarsals/toes, but can affect the 2nd/3rd toe space also. Burning pain and pins and needles, sometimes with numbness are common signs, with pain radiating into the associated toes. It is possible to have 2 neuromas in one foot and it can affect both feet at the same time.

Conservative Treatment.

Cortisone (steroid) injections, can improve symptoms in approx~ 50% cases for a while, but can also provoke symptoms. It is more useful for early small neuromas. Orthoses (insoles), are hit and miss, and lack a robust evidence base, although some patients find them useful.

Surgical Treatment (neurectomy)

Is a definitive treatment involving the removal of the diseased portion of nerve. An incision is made along the top the foot and the affected nerve tissue is removed. You will have a large dressing for the first week after which the wound is inspected and a small, light dressing is applied. At week 2, the stitches are removed. A final review will take place around 6-12 weeks following surgery. Graduated increase in walking is allowed after the first week. You may need between 1-3 weeks off work depending on your recovery and any complications. An area of permanent numbness often remains between the toes following the surgery, this won't affect your balance or function and hasn't been reported as a problem by patients after neurectomy. The patient satisfaction rate for this surgery is 93% (NHS audit data of neuroma surgery undertaken by JE Hargrave, Consultant Podiatric Surgeon).

Potential Risks and Complications

This information is provided so that you can make an informed decision over your treatment; it is not designed to frighten you as it should be remembered that the overwhelming majority of our procedures are very successful and all complications are treatable. Your surgery carries the following *unlikely* but *possible* complications:

Infection, (approximately 2% risk). The vast majority of these are localized soft-tissue infections, treatable by antibiotic tablets as an outpatient. Severe spreading infection (cellulitis) is very rare but may require hospital admittance for treatment.

Severe pain only occurs in around 7% of cases in the first 24 hour period. We use a combination of local anaesthetic techniques and compound analgesics, which is usually very effective. Rarely, patients can develop Complex Regional Pain Syndrome (cause unknown), requiring specialist treatment at a pain clinic.

Swelling is common to all surgery and may take 4-6 months or longer to reduce.

Vein clots can occur with any lower limb surgery, but in our practice they are seen in less than 1 in 200 cases (compared with general orthopaedics where the occurrence is reported as high as 4 out of 10 cases). Vein clots, or Deep Vein Thrombosis (DVT), is more common in elderly patients, diabetics, obese patients and patients where two or more immediate family members have suffered DVT, stroke or heart attack.

An area of numbness between the toes after surgery will occur but numbness may reduce over 12 months

Regrowth of nerve from resection site (stump neuroma) (approx 3% risk) - *requiring steroid injection therapy or re-excision possibly through an incision on the bottom of the foot*

Unightly scarring (hypertrophic or keloid) is more common in Afro-Caribbean; Middle and far-Eastern skin-types. Scarring can be reduced by starting to use – 2 weeks after surgery – Boots scar reduction pads (£19.99) and also using an emollient cream at 4 weeks onwards, massaged into and across the scar. At 6 weeks following surgery, you may wish to use a hydrocortisone cream to massage vigorously along the scarline twice a day for 2-weeks e.g. HC45 cream.

Recurrence or failure of surgery: there is no absolute guarantee that your surgery will be a success. Usually we talk in terms of percentage improvement. The problem/s that you have means your foot is no longer normal. It is certainly not normal to have surgery and therefore your foot cannot ever be normal again. Your Consultant has performed over 8000 foot and ankle procedures, and it is our hope that these experiences and skills will help to rectify your current foot problems. Occasionally, patients do not do well from surgery, for a variety of reasons, often outside of the control of the surgeon or the patient. Very rarely a patient may be left worse off after surgery; although this is extremely uncommon. In these cases further (revision) surgery may prove necessary.

Please bring this slip with you, pre-signed on the day of your procedure.

✂

Declaration: I have read and understood all the information in this leaflet (P4)

Full name: _____

Signature: _____ Date: ____/____/____

Patient

Parent

Guardian