

FOOT

Morton's neuroma

Burning forefoot pain from an irritated nerve: shoes, offloading, injections and surgical options.

Patient information, treatment choices, risks, recovery and a space to record your individual plan.

Understanding the condition

Morton's neuroma is irritation and thickening around a small nerve between the metatarsal bones. It can cause burning or shooting pain, tingling and a pebble-like feeling. It is not a cancer. Examination and sometimes ultrasound help distinguish other causes of forefoot pain.

Treatment options

Wide comfortable footwear, a lower heel, metatarsal pads and changes to aggravating activity are common first measures. An injection may help selected patients. Surgery is considered for continuing symptoms after a suitable trial of non-surgical care.

What a procedure may involve

A surgical procedure may remove the painful portion of nerve or, in selected situations, relieve pressure around it. Your surgeon will explain the approach and why it is recommended. Removing the nerve produces permanent altered sensation in the area it supplies.

Risks and benefits to discuss

The goal is pain relief, but symptoms may persist or recur. A painful nerve stump can develop after removal. Other risks include infection, scar sensitivity, wound problems, swelling and blood clots. Permanent numbness after nerve removal is an expected consequence, not something that can always be avoided.

Any operation also carries bleeding and anaesthetic risks. Occasionally, complex regional pain syndrome causes prolonged pain and sensitivity. Your health and the extent of surgery change your personal risk.

RECOVERY AND YOUR CONSULTATION

Morton's neuroma

Use this guidance to prepare your individual plan with the treating team.

Rehabilitation and aftercare

After surgery, keep the wound protected and follow the advised shoe and loading instructions. Elevation and a gradual increase in walking help manage swelling. Resume pressure on the forefoot and sporting activity only as advised.

Expected outcomes and recovery

Wound healing is usually quicker than resolution of swelling and nerve sensitivity. Return to shoes and activity is gradual. Relief is not guaranteed and further investigation or treatment may be needed if pain remains.

When to seek urgent help

Seek prompt advice for rapidly increasing pain, spreading redness, wound discharge, fever, new numbness or a cast or boot causing pressure. New calf pain or swelling needs urgent assessment. Chest pain or breathlessness needs emergency help: call 999.

Your consent discussion

Ask which treatment best addresses your symptoms, what alternatives are reasonable, what the main risks mean for you, and what recovery will involve at home and work. This guide supports that discussion; consent is completed with your treating team. Your individual written instructions take priority.

Sources and further reading

NHS: Morton's neuroma

<https://www.nhs.uk/conditions/mortons-neuroma/>

RNOH: Interdigital neuralgia

<https://www.rnoh.nhs.uk/patients-and-visitors/patient-information-guides/inter-digital-neuralgia-mortons-neuroma>

CLINICIAN-COMPLETED WORKSHEET

Your consent discussion

Morton's neuroma

This blank worksheet is not an executed consent. Complete it after clinical assessment with the treating clinician. The hospital or clinic must also complete its required consent process before treatment.

Patient name / identifier, date of assessment and communication support needed

Diagnosis, affected side / site and the proposed procedure or treatment

Reasonable alternatives discussed, including the option of no treatment

Expected benefit for this patient, limits of treatment and uncertainties

Material risks and personal risk factors - record the risks that matter to this patient

Patient's priorities, questions, understanding and agreed decision / time to consider

Treating clinician name, role and signature / date

Patient / representative name, signature and date - acknowledgement of discussion only

A signature here records a discussion; it does not replace a completed treatment consent form. You may ask further questions or change your decision before treatment.

CLINICIAN-COMPLETED WORKSHEET

Your rehabilitation and aftercare plan

Morton's neuroma

Complete this plan after assessment. The advice must match your injury or operation, imaging, wound and medical history. Do not start limb loading, remove protection or change medicines using an uncompleted worksheet.

Limb loading / weight bearing, walking aids, sling / cast / boot / brace and protection

Wound / dressing care, bathing, elevation and swelling advice

Medicines, pain relief, clot prevention and any treatment-specific restrictions

Exercises, physiotherapy, range of movement and progression criteria

Work, driving, sport and daily activities - individual restrictions / review points

Review date, imaging / tests, named clinician and routine / out-of-hours contact details

Clinician completing this plan, signature / date and patient questions

When to seek urgent help

Seek prompt advice for rapidly increasing pain, spreading redness, wound discharge, fever, new numbness or a cast or boot causing pressure. New calf pain or swelling needs urgent assessment. Chest pain or breathlessness needs emergency help: call 999.