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# Morton's Neuroma

A Patient Information Guide — Diagnosis, Treatment & Recovery

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## What is a Morton's Neuroma?

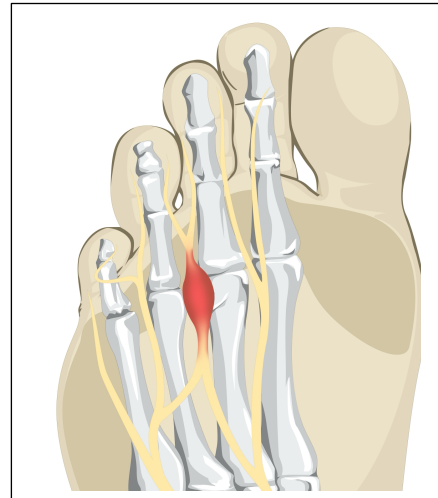
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A Morton's neuroma is a painful thickening of the tissue surrounding one of the sensory nerves that runs between the long bones of the foot (metatarsals) and into the toes. It is not a true tumour, but rather a benign enlargement of nerve tissue caused by irritation and compression.

The condition most commonly affects the nerve running between the 3rd and 4th toes, though the space between the 2nd and 3rd toes can also be involved. In some patients, neuromas are present in more than one web space.

The precise cause is not fully understood, but the following are well-recognized contributing factors:

- Narrow or pointed footwear that compresses the forefoot
- High heels that push body weight forward onto the ball of the foot
- A tight calf muscle that increases pressure on the forefoot with every step
- Repetitive high-impact activities such as running or court sports
- Certain foot shapes, including high arches or flat feet



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## What Does it Feel Like?

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Morton's neuroma produces a distinctive cluster of symptoms that are often very recognisable once you know what to look for. Patients frequently describe the sensation as feeling like they are walking on a small pebble or a bunched-up sock that simply isn't there.

Common symptoms include:

- A burning, sharp, or stinging pain in the ball of the foot, most noticeable when weight-bearing or during activity
- Numbness, tingling, or a shooting sensation into the 3rd and 4th toes (or 2nd and 3rd, depending on which nerve is affected)



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- Pain that worsens in narrow shoes and typically eases when shoes are removed and the foot is rested
  - A clicking or “grabbing” sensation between the toes with walking (known as Mulder’s sign), which Dr Maritz can reproduce during examination

Symptoms often come and go in the early stages, particularly in relation to footwear choices. Over time, if left unaddressed, the discomfort tends to become more persistent and can significantly affect daily activities and exercise.

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## Non-Surgical Treatment

The first approach to Morton’s neuroma is always conservative. The goal is to reduce the irritation and compression on the affected nerve, and many patients achieve lasting relief without ever needing surgery.

- Footwear modification — switching to shoes with a wide, rounded toe box is one of the single most effective steps. Avoid narrow, pointed, or high-heeled shoes entirely during the treatment period
- Custom orthotic insoles — for patients with underlying foot mechanics contributing to the problem (e.g. flat feet or high arches), a custom orthotic can make a meaningful difference
- Calf stretching exercises — performed daily to reduce the load on the forefoot with each step
- Activity modification — reducing or temporarily avoiding high-impact activities that aggravate symptoms

### **Cortisone Injections**

A cortisone (corticosteroid) injection administered around the neuroma can provide significant relief and is offered as an in-rooms procedure by Dr Maritz. The injection reduces inflammation around the nerve and can settle symptoms for several months. In some patients, one or two injections are sufficient to resolve the problem permanently.

Unlike injections around the Achilles tendon (where cortisone carries a significant risk of rupture), cortisone is safe to use around the interdigital nerves of the forefoot, and is a valuable first-line treatment option.

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## When is Surgery Recommended?



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If conservative measures — including at least one injection — have been tried and symptoms persist that are having a meaningful impact on your daily life, surgery becomes the appropriate next step.

The operation — known as a neurectomy — is a straightforward day procedure performed under general anaesthetic. You will be admitted to hospital and go home the same day.

## What Does the Surgery Involve?

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The procedure involves removing the affected section of nerve, including the neuroma itself. Through a small, neat incision on the top of the foot (the dorsal approach), the nerve is carefully identified, decompressed, and the enlarged neuroma segment is excised.

The dorsal approach has important advantages: the incision is on the top of the foot rather than the sole, avoiding a scar on the weight-bearing surface and making healing more straightforward.

### **An important note about numbness**

Because the surgery involves removing a section of sensory nerve, you will experience permanent numbness in the web space between the affected toes (typically between the 3rd and 4th toes). This is an expected and unavoidable consequence of the procedure — not a complication.

The vast majority of patients find this numbness entirely untroubling in daily life. The nerve that is removed carries only sensation (not movement), so there is no effect on toe strength or function. Most patients report that the numbness is a very small and readily accepted trade-off for relief from the neuroma pain.



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## Understanding the Risks

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Neurectomy is generally a well-tolerated procedure with a high patient satisfaction rate. As with any surgery, however, some risks should be understood:

- Permanent numbness — as described above, this is an expected outcome of the procedure, not a complication, and is very well tolerated by the majority of patients
- Stump neuroma — in a small number of cases, the cut end of the nerve regenerates abnormally, forming a new painful lump (stump neuroma). This occurs in approximately 5–10% of patients and may require further management if symptomatic
- Incomplete relief — occasionally, symptoms do not fully resolve after surgery, particularly if the diagnosis was uncertain or if multiple web spaces were affected. Dr Maritz will discuss diagnostic certainty with you before recommending surgery
- Wound complications — infection or delayed wound healing are uncommon, occurring in less than 1–2% of cases
- Swelling — the forefoot will be swollen after surgery. This is normal and settles progressively over 4–6 weeks
- Scar tenderness — the incision site may be sensitive for several weeks but generally settles well with time

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## Your Recovery

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Recovery from Morton's neuroma surgery is considerably more straightforward than from bone procedures, and most patients are pleasantly surprised by how quickly they are back on their feet.

### Recovery at a Glance

#### Immediately after surgery

- Walk straight away in a flat postoperative shoe provided for you — no crutches or moonboot required
- Elevate the foot for 40 minutes out of every hour during the first week — this is the single most effective thing you can do to control swelling
- Keep the dressing clean and completely dry until your follow-up appointment
- Take prescribed pain relief regularly for the first few days

#### Day 10 appointment

- Dr Maritz checks the wound. Sutures are dissolvable and do not require removal.



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- Once the wound is well healed, you can gradually transition back into normal, comfortable, wide-fitting shoes

#### **Weeks 2–6**

- Swelling will continue to reduce gradually — the foot may feel puffy or tender across the ball for several weeks
- Light exercise such as walking and cycling can be introduced as comfort allows
- Return to running, sport, and high-impact activity: typically from 4 weeks, once the foot is comfortable enough to tolerate the load
- Return to work (desk-based): within a few days to 1–2 weeks | Return to work (on your feet): 2–4 weeks depending on comfort

## **Supporting Your Recovery**

Morton’s neuroma surgery does not involve bone healing, so the recovery is considerably less demanding than for procedures such as fusion or osteotomy. A few simple steps will ensure the smoothest possible outcome:

- Keep the wound dry and the dressing intact until your day 10 appointment — do not pick at or remove the dressing
- Elevate the foot diligently during the first week — this makes the biggest difference to post-operative swelling and comfort
- Wear wide, comfortable, low-heeled shoes once you transition out of the postoperative shoe — avoid narrow or compressive footwear as the foot heals
- Continue daily calf stretching exercises as recommended — keeping the calf flexible reduces long-term forefoot load
- Take prescribed pain medication regularly for the first few days, then as needed thereafter

#### **⚠ Important: When to Contact Us**

If you notice increasing redness, warmth, or discharge around the wound, or if you develop a temperature, or have any other concerns following your surgery, please contact Dr Maritz’s rooms directly. Early contact ensures any concern is addressed promptly.