
MORTON'S NEUROMA EXCISION PROTOCOL

A nerve is removed from the space between the 3rd and 4th metatarsals. This provides near complete resolution of the painful symptoms experienced in this area. 95% of the time, it is a permanent solution, though some permanent numbness is expected between the 3rd and 4th toes. A small percentage of the time the neuroma may recur and require additional treatment.

Neuropathic pain comes from damaged nerves. Neuropathic pain is often treated by different medicines to those used for pain from damaged tissue. Medicines that are sometimes used to treat depression or epilepsy can be effective in some people with neuropathic pain. Our goal is to provide you with effective multimodal pain relief following surgical excision of your Morton's neuroma. Gabapentin, if not already prescribed, will be prescribed today to be taken up to 3 times daily. You may titrate (increase your dosage) up from 1 to up to but not exceeding 3 times per day. When you complete your prescriptions, you will need to wean from 3 to 2 to 1 tablets/day.

Please note that this is a rough guideline and your case may vary, especially if it is a revision case.

WEEK 1: Heel weightbearing (WB) in postoperative shoe

- Elevate the leg above the heart to minimize swelling 23 hours/day
- Ice behind the knee 30 min on/30 min off (Vascutherm or ice bag)
- Crutches or walker for balance
- Acetaminophen (e.g. Tylenol) 500mg every 6 hours alternating with ibuprofen 600mg every 6 hours or meloxicam 15mg once daily. Narcotic pain medication (hydrocodone or oxycodone) should be reserved for breakthrough pain as second line medication. Do not take over 4,000mg of acetaminophen per day.

WEEK 2: Sutures removed 10-14 days postoperatively

- Transition to full WB in postop shoe
- Elevation/ice as necessary
- Regular shoe when swelling allows

WEEK 6: Tentative office recheck if continued symptoms or concerns

- May otherwise gradually progress to full activity as tolerated

RETURN TO FUNCTION: May take up to 6 months, depending on pain, swelling. There is no guarantee on outcome. All conservative management options have risk of worsening pain, progressive irreversible deformity, and failing to provide substantial pain relief. All surgical management options have risk of infection, skin or bone healing issues, and/or worsening pain. Our promise is that we will not stop working with you until we maximize your return to function, gainful work, and minimize pain.

DRIVING: Prior to driving, you must be able weightbear on your right foot without crutches. In addition, you may begin driving at 9 weeks if surgery on right ankle; if left ankle, may drive automatic transmission car when off narcotic pain medication

SHOWERING: You may shower with soap and water 1 day after surgery. Avoid lotions, creams, or antibiotic ointments on surgical site until directed by your orthopaedic surgeon. No baths or submerging operative site under water until incision has completely healed.

SKIN CARE: Steristrips are typically placed on your incision at your follow up appointment. Steristrips will typically fall off on their own. Remove steristrips in shower after 3 weeks if they remain on incision. Incisions may become sensitive. Some surgical incisions based on their location and patient factors are more likely to require postoperative scar desensitization with physical therapy. You may use Mederma or other skin protectant lotion once incisions have completely healed and approved by your orthopaedic surgeon. Do not place cortisone or other steroid on your incision unless directed by your orthopaedic surgeon. Incisions and surgical site scars are more prone to burn by ultraviolet radiation when out in the sun. Always apply sun screen onto the healed incision once fully healed.

STOOL SOFTENERS: While on narcotic pain medication (e.g. Norco/hydrocodone or Percocet/oxycodone) especially within first 72 hours of surgery, you should take stool softener (e.g. Miralax, docusate, senna). Discontinue if you develop loose stool or diarrhea.

Developed in conjunction with the physicians at South Bend Orthopaedics