

SURGERY FOR NEUROMAS

When non-surgical treatment fails, surgery may become necessary. There are different types of surgery for neuromas, but the most common is removal or excision of the growth. It is not possible to remove the thickened portion around the nerve. Most commonly, the entire affected section of the nerve is removed.

It is expected that there will be an area of permanent numbness on the bottom of the toes where the neuroma is removed. The numbness caused by surgery is a small area that is not very noticeable and preferable to having the pain associated with the neuroma.

Surgery is most often performed on an out-patient basis in a surgical center or hospital with the help of anesthesia personnel and an operating team. You can usually return to normal activities in about three to six weeks, but a full recovery may take months. A post-operative shoe is used for walking after surgery.



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NEUROMAS



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A neuroma is a growth in which the outer coating of a nerve thickens. It most commonly occurs between the third and fourth toes, but can also occur between the second and third toes.

CAUSES OF NEUROMAS

Some of the factors that may influence neuromas include:

- Inherited foot structure and function that may cause high pressure on the nerve while walking.
- Shoes which are tight and/or narrow in the toe area; also, high-heeled or thin-soled shoes.

SIGNS & SYMPTOMS

Many different sensations can be caused by a neuroma. Some of the more common ones include:

- A feeling of thickness in the ball of your foot.
- Sharp, shooting, tingling, or burning pain.
- Cramping or numbness.
- A sense of "popping" or bones "clicking" together.



DIAGNOSIS

The history about symptoms and pain is very important. Your doctor can, at times, feel a neuroma between the toes. Sometimes, numbness can be detected along the course of the involved nerve.

An injection of local anesthetic can help localize the area of concern and give diagnostic information. It may be combined with cortisone to provide relief.

Neuromas are not seen on an x-ray. However, an x-ray may be taken to rule out arthritis or other possible bone problems in the surrounding area.

Other conditions such as diabetes, vitamin B-12 deficiency and alcoholism can cause neuroma-like symptoms.

A blood test may be used at times to see if symptoms are from a source other than a neuroma.

NON-SURGICAL TREATMENT

Rest: If walking becomes too painful, it may be necessary to rest your foot by decreasing or changing activities. This will help relieve pain but does not usually correct the problem.

Shoe Changes: A shoe with a well cushioned sole, low heel and a wide toe area is usually best. Narrow shoes almost always aggravate a neuroma.

Pads & Supports: Certain pads or cushions called metatarsal pads may provide some relief by taking pressure off of the neuroma. An arch support may remove some of the pressure from the neuroma.

Injections: Anesthetic and cortisone injections may provide relief for a time, and help to locate the source of pain.

A local injection of cortisone has very few adverse reactions unless used too frequently and in large amounts.

A series of alcohol and anesthetic injections are sometimes used to sclerose (deadened) the inflamed nerve to relieve pain.