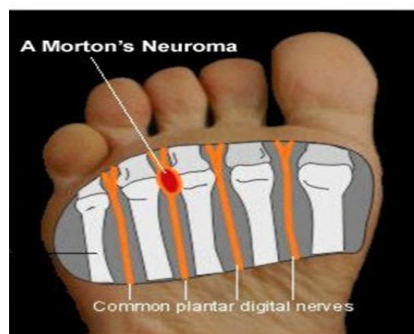


Morton's neuroma

Patient information factsheet

What is Morton's neuroma?

- It is a condition that affects one of the common plantar digital nerves that run between the long bones (metatarsals) in the foot.
- Symptoms include pain, burning, numbness and tingling between two of the toes of the foot.
- About one out of three cases get better with simple treatments including changes of footwear.
- Sometimes surgery is needed for patients who have long-term (chronic) symptoms.
- It is sometimes called 'Morton's metatarsalgia' or 'interdigital neuroma'.



What causes Morton's Neuroma?

- The exact cause of Morton's neuroma is not known.
- It is thought to develop because of long-term (chronic) stress and irritation of a plantar digital nerve.
- Wearing narrow shoes can make this compression worse.
- Sometimes, other problems can contribute to the compression of the nerve.
- These include the growth of a fatty lump (called a lipoma) and the formation of a fluid-filled sac that can form around a joint (a bursa).
- Also, inflammation in the joints in the foot next to one of the digital nerves can sometimes cause irritation of the nerve and lead to the symptoms of Morton's neuroma.

Morton's neuroma symptoms

- People with Morton's neuroma usually complain of pain that can start in the ball of the foot and shoot into the affected toes.
- Some people just have toe pain.
- There may also be burning and tingling of the toes.
- Some people describe the pain that they feel as being like walking on a stone or a marble.
- Symptoms can be made worse if wearing high-heeled shoes.
- The pain can be relieved by taking the shoe off, resting your foot and massaging the area.
- There may also be some numbness between the affected toes.
- The symptoms can vary and may come and go over several years. For example, some people may experience two attacks of pain in a week and then nothing for a year. Others may have regular and persistent (chronic) pain.

When to see a Doctor

- See a Doctor if you have had the pain for three months, despite changing footwear and buying inner soles to try and help the problem.
- Your GP might refer you to a Podiatrist at this stage.

Who develops Morton's neuroma?

- About three people out of four who have Morton's neuroma are women.
- It most commonly affects people between the ages of 40 and 60 but can happen at any age.
- Wearing poorly fitting or tight shoes can contribute to Morton's neuroma.
- It is more common if you wear high-heels or tight shoes.
- It may also be more common in ballet dancers and runners.
- In some people there is no obvious cause.

How is Morton's neuroma diagnosed?

- It is usually diagnosed by a clinician listening to your symptoms and examining your foot.
- Sometimes a Doctor can feel the 'neuroma', or an area of thickening in your foot, which may be tender.
- Pressing on the area between the long bones in your foot may show a tender spot.

- Occasionally a clinician may suggest an ultrasound scan or a Magnetic Resonance Imaging (MRI) scan to confirm the diagnosis, but this is rarely necessary.
- Occasionally, other tests such as blood tests, or an X-ray may be needed to rule out other conditions.

What is the treatment for Morton's neuroma?

Non-surgical treatments

Footwear

- Choosing the right footwear is very important.
- Avoid high-heels, narrow or pointed-toe shoes, as well as shoes with thin soles.
- Wearing comfortable, wide-fitting shoes which do not squash the feet is best.

Pads inside the shoes

- Shoe inserts (also called orthoses) can help this condition. You can buy them from the pharmacy.
- You can get a metatarsal pad. This is a soft pad which sits below the ball of the foot. It should fit behind the ball of the foot, rather than directly underneath it.
- Insoles with metatarsal domes can also help. These are cushions for the whole foot, with a raised dome-like area under the ball of your foot.

Steroid or local anaesthetic injections

- Steroid or local anaesthetic injections (or a combination of both) into the affected area of the foot may be needed if the simple footwear changes do not fully relieve symptoms.
- This may be done by a specialist in ultrasound scans (radiologist) who injects whilst doing the ultrasound scan. It may also be done by a podiatrist or an orthopaedic surgeon.
- This has been shown to give good pain relief, in the short term. However, the footwear changes should still be continued.

Manipulation/mobilisation

- This has been found to be effective in some cases. Speak to your Physiotherapist for more information.

Surgical treatments

- If these non-surgical measures do not work, an operation is sometimes needed.
- Surgery normally involves a small cut (incision) being made on either the top or the sole of the foot, between the affected toes. The surgeon will cut out (resect) the affected nerve.
- Alternatively, the surgeon may create more space around the affected nerve (known as nerve decompression).
- If the nerve is removed, there will be some permanent numbness of the skin between the affected toes. This does not usually cause any problems.
- A special shoe is usually needed for a short time after surgery until the wound has healed and normal footwear can be used again.
- At least three quarters of people have a satisfactory result from the surgery.
- As with any surgical operation, there is a small risk of complications. A small number of people can develop a wound infection.
- Painful scars occur in about 5 out of 100 people after surgery.
- A small but significant number of people report that their pain is worse after surgery.

What is the outlook for Morton's neuroma?

- About one third of people get better with changing their footwear and using metatarsal pads.
- Of those who choose to have surgery, about three out of four will have good results with relief of their symptoms.
- Recurrent or persisting (chronic) symptoms can occur after surgery. Sometimes, decompression of the nerve may have been incomplete, or the nerve may just remain 'irritable'.
- For patients who have had cutting out (resection) of the nerve (neurectomy), a recurrent or 'stump' neuroma may develop in any nerve tissue that was left behind. This can itself be very painful.
- In one in four people who have got better with an operation, the problem returns later. It is important to keep wearing the right shoes to prevent this from happening.

Can Morton's neuroma be prevented?

- Making sure that shoes are well fitted, low-heeled and with a wide toe area may help to prevent Morton's neuroma.

Contact our service

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Contact our Trust

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