Patient Selection:

- **Documentation**
  - Site of pain
    - 3rd web space ≈ 80%
    - 2nd web space ≈ 20%
  - Presence of mass/lump
  - Altered sensation
  - Relief to accurate injection under US
- **Indications**
  - Pain with response to previous injection
  - Large Neuroma >5mm on USS
- **Contra-Indications**
  - Other causes of metatarsalgia
    - Stress fractures
    - High heeled shoes or increase BMI
    - Hallux valgus
    - Arthritis or gout
    - Peripheral neuropathy and diabetes
    - Stiff ankle and tight Achilles causing increase forefoot loading
    - Toe deformity
- **Complications**
  - Recurrence or failure
  - Interdigital numbness
  - Scar pain predominantly plantar incision
  - Digital ischaemia increased if multiple incisions made

Procedure

- Skin incision then blunt dissection avoiding dorsal digital nerves
- Laminar spreader is used between metatarsal heads
- The transverse metatarsal ligament is opened and a Macdonald dissector is placed underneath and the rest of the ligament is cut
- Advance laminar spread to expose Intermetatarsal space
- Plantar pressure will deliver the neuroma
- Bursa may obscure this and can be removed
- The individual digital nerves are identified distally and dissected from digital arteries then cut with diathermy
- Proximately the nerve is dissected as far as possible and then pulled and cut away from the weight bearing area of the foot
- The specimen is sent for histology

Closure

- Tourniquet released and haemostasis
- 3-0 monocryl subcuticular sutures
- Steristrips
- Opsite
- Soft band and crepe with flat shoe walking as tolerated

Patient Set up:

- **Position**
  - Supine or lateral
  - Tourniquet
  - Sandbag under ipsilateral buttock
- **Skin Incision**
  - Longitudinal incision is made in the dorsal aspect of affected webspaces