

What should I look out for?

As diabetic patients are at a higher risk of infection, it is essential that you monitor the injection site for signs of infection such as:

- heat
- swelling
- reddening
- pain.

If any of the above persist for more than 24 hours or you develop a raised temperature, or feel generally unwell, contact your GP immediately for advice.

Will it affect my blood sugar levels?

You may notice a rise in your blood sugar levels for several days following the injection. Monitor your blood sugar levels carefully over this time and seek advice from your GP or diabetic nurse if further advice is needed.

What happens next?

The clinician who referred you will be sent a report of the findings and treatment performed at the time of the ultrasound. If your symptoms recur or do not improve then you will need to see your GP to discuss further treatment options.

Can I have further treatments?

It is possible to repeat the steroid injection, but you will need to be re-referred.



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Morton's neuroma



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Who is this leaflet for?

This leaflet is for patients who have been referred for an ultrasound scan to diagnose possible Morton's neuroma. It aims to answer some common questions and provides information about the scan and possible treatment, including side effects.

What is Morton's neuroma?

This is a condition that affects one or more of the nerves between your toes. Fibrous tissue develops around the nerve, which becomes irritated and compressed. This can cause pain and numbness on the ball of the foot and at the base of the toes.

How is it diagnosed?

You have been referred to Clinical Imaging for an ultrasound scan. The purpose of the ultrasound is to confirm whether a Morton's neuroma is present. A consultant radiologist or specially trained sonographer will perform the scan.

What does the scan involve?

The scan involves an ultrasound probe being gently placed over the area where the Morton's neuroma is suspected. The consultant radiologist or sonographer will immediately review the ultrasound images and will be able to determine if a Morton's neuroma can be seen at the time of the scan.

What happens next?

Once a Morton's neuroma is confirmed, the consultant radiologist or sonographer will discuss what happens next with you. If appropriate we may offer a steroid injection to help ease any pain or discomfort.

What does treatment involve?

An injection of corticosteroid aims to help relieve pain, swelling and inflammation. The corticosteroid that we use is called Kenalog.

The medicine is injected directly into and around the Morton's neuroma using ultrasound to guide the needle. The consultant radiologist/sonographer will explain the procedure to you in more detail. It is important you understand what to expect so please ask any questions.

What happens afterwards?

To help the Kenalog take effect, we advise you to rest the injected area for at least 24-48 hours and **do not drive home after the procedure.**

You may not notice any changes for several days, and any effect may only be short term. This will be discussed with you.

What are the possible side effects?

Most people have no problems with corticosteroid injections. However, side effects that can be experienced include:

- flushing of the face for a few hours
- a small area of fat loss or change in skin colour around the injection site
- temporary bruising at the injection site
- post-injection flare of pain – this will not last more than 24 hours. If required, take some mild pain killers such as paracetamol. If you are unsure about what you can take, please consult a pharmacist or your GP
- Infection – if the area becomes hot, swollen, red and painful for more than 24 hours contact your GP. Patients with diabetes should be especially alert to any changes that may indicate infection.

DIABETIC PATIENTS

Poorly controlled diabetes

Patients with poorly controlled diabetes are more likely to experience side effects. We ask the clinician referring you for the ultrasound to confirm diabetes is controlled. If you are concerned your diabetes is not under control it may be unsafe to perform the injection – please discuss this with the clinician who referred you or the professional who helps manage your diabetes (such as your GP or diabetic nurse).