

Patient agreement to investigation or treatment

Correction of Morton's neuroma (one cause of a pain in the ball of the foot)

Authors: ©Andrew HN Robinson

Brief description:

- You have been recommended surgery to relieve the pain in your foot. Morton's neuroma (described by Thomas Morton) is a cause of metatarsalgia (pain in the ball of the foot).
- Here, we explain some of the aims, benefits, risks and alternatives to this procedure (operation/treatment). We want you to be informed about your choices to help you to be fully involved in making any decisions.
- Please ask about anything you do not fully understand or wish to have explained in more detail.
- If you would like this information in another format or language or would like help completing the form, please ask a member of our staff.

Please bring this form with you to hospital

- You will be asked to read this form carefully, and you and your doctor (or other appropriate healthcare professional) will sign it to document your consent.
- All our consent forms are available on the Addenbrooke's website:
<http://www.addenbrookes.org.uk/consent>
- Remember, you can change your mind about having the procedure at any time.

For staff use:

Does the patient have any special requirements? (For example, requires an interpreter or other additional communication method)

.....
.....

About Morton's neuroma

It is caused by inflammation of a nerve in the foot, which is caused by the nerve becoming trapped between the bones of the ball of the foot. A neuroma is a type of nerve tumour but in this case it means simply a benign enlargement of the nerve, and **not** malignancy or cancer.

The cause of this nerve enlargement is repeated injury: the nerve becomes trapped between the metatarsal heads when you are standing and walking. It usually occurs between the second-and-third, or third-and-fourth toes.

The symptoms of Morton's neuroma are pain and numbness in the toes. Sometimes you will experience no pain whereas at other times the pain can be severe enough to cause you to stop and take off your shoe(s). It can feel like a marble moving around under the ball of the foot, and sometimes causes a snap feeling. The examining doctor can sometimes feel this by pressing on the foot. If the doctor tests he/she can find you have some numbness in the toes.

Diagnosis can be difficult, especially at first, and several examinations/tests can be necessary. The condition tends to get worse with time: with repeated injury, the nerve becomes larger and as it becomes larger, it is more easily injured.

Before your procedure

- Surgery can be performed under either local or general anaesthetic. It is usually performed either as a day-case (you do not have to stay in hospital over-night), or with an over-night stay in hospital. For further information on the type of anaesthesia, see below.
- If you have your surgery as an inpatient then you will be invited to attend a pre-admission clinic when you will be seen by one of the House Officers (junior doctors) attached to the Department.
- At this clinic, we shall ask you for details of your medical history and carry out any necessary clinical examinations and investigations. This is a good opportunity for you to ask us any questions about the procedure, but please feel free to discuss any concerns you might have at any time.
- You will be asked if you are taking any tablets or other types of medication - these might be ones prescribed by a doctor or bought over the counter in a pharmacy. It helps us if you bring details with you of anything you are taking (for example: bring the packaging with you).

During the procedure

- Before your procedure, you will be given the necessary anaesthetic - see below for details of this.
- When non-operative treatment does not give pain relief or requires frequent repetition, or when the deformity is severe, surgery might be considered to correct the deformity.
- In the operating room, a blood pressure cuff is inflated around the ankle to prevent

bleeding. It squeezes the bone around the ankle and should not be painful.

- At the end of the operation, the wounds are sutured (stitched). A loose dressing is then applied. You will be given a post-surgical sandal to wear home for the first few days after the surgery. Because, during the operation, we remove a nerve, there will be permanent numbness in the toes afterwards. This is not usually a problem and it becomes less strange with time.

After the procedure

- If you have had a general anaesthetic you will wake up in the recovery room after your operation. You might have an oxygen mask on your face to help you breathe. You might also wake up feeling sleepy.
- After this procedure, most people will have a small, plastic tube in one of the veins of their arm. This might be attached to a bag of fluid (called a drip), which feeds your body with fluid until you are well enough to eat and drink by yourself.
- While you are in the recovery room, a nurse will check your pulse and blood pressure regularly. When you are well enough to be moved, you will be taken to a ward.
- Sometimes, people feel sick after an operation, especially after a general anaesthetic, and might vomit. If you feel sick, please tell a nurse and you will be offered medicine to make you more comfortable.
- **Getting around and about:** After 24 hours, it should be possible to move around on the foot if you wear a pair of loose shoes or a sandal. Although the function of the foot will return rapidly, the toe usually stays swollen for many weeks after surgery, and does not start to regain strength until about six weeks after the operation.
- **When you can leave hospital:** The actual time that you stay in hospital will depend on your general health, how quickly you recover from the procedure and your doctor's opinion.
- When you can resume normal activities including work: Most people are able to return to work at about 7 to 10 days after the surgery. The sutures (stitches) will be removed at about two weeks.
- **Special measures you need to take after the procedure:** After surgery, it is important to keep the foot up (above the level of the heart) for 12 to 24 hours, putting it down just for transport or when you need to go to the toilet. The wound might bleed slightly when you put it down, but this will always stop if the foot is elevated above the heart again. The toe will usually be numb for 6 to 12 hours after the operation and you will be given some painkillers to take after this. The toe will be sore but not very painful. You will be given more detailed information about any other special measures you need to take after the procedure. You will also be given information about things to watch out for that might be early signs of problems (for example: infection).
- **Check-ups and results:** Before you leave hospital, you will be given details of when you need to return to see us for example: outpatient clinics or for the results of your surgery. At this time, we can check your progress and discuss with you any further treatment we recommend.

Intended benefits of the procedure

- To relieve the pain in your foot caused by Morton's Neuroma. It is successful in 80% of people.

Who will perform my procedure?

- This procedure will be performed by the orthopaedic surgeon.

Alternative procedures that are available

The first non-surgical treatment is to modify your shoes to help prevent further injury and help with symptoms. Wearing a pad in the shoe, and/or an extra wide and soft shoe will often help. Sometimes we will try a cortisone injection around the nerve, which can localise the problem, and reduce the swelling of the nerve.

Serious or frequently occurring risks

- This surgery is commonly performed and is considered a generally safe operation and for most people the benefits are greater than the disadvantages. However, all surgery does carry some element of risk but rarely, the foot is worse after surgery than it was before. The success rate of surgery overall is 80%. It seems that most of these risks are increased by smoking, and if you smoke you should tell your surgeon and discuss this openly.
- Some people experience a persistent pain after surgery. This can be caused by a stump neuroma, which is caused by irritation at the cut end of the nerve. If this happens, we might need to repeat the operation.
- The foot can become sensitised, a process known as a reflex sympathetic dystrophy. This can cause intense pain which is difficult to treat.
- Infection is another possible complication. After the surgery, the foot is likely to swell and can bleed which can lead to wound infection. If you rest and elevate your foot after surgery, this should help prevent this complication. If you have an infection, you will usually be given antibiotics.

Information and support

- You might be given some additional patient information before or after the procedure eg leaflets that explain what to do after the procedure and what problems to look out for. If you have any questions or anxieties, please feel free to ask a member of staff including your surgeon. Please do not proceed with surgery unless you are satisfied you understand all that you want to know about the operation.
- Describing the surgery in this level of detail can cause some patients worry, concern, or uncertainty. Please let your doctor or nurse know if this is the case, so we can address the matters of concern.

Day Surgery Unit at Ely:

01353 652 279

Your consultant's registrar or secretary: 01223 245 151 (via Addenbrooke's

switchboard)

Your general practitioner (please complete):

General Anaesthesia

Before your operation

Before your operation your anaesthetist will visit you in the ward, although occasionally this will happen in a pre-anaesthetic assessment clinic. If you are a day case patient it may not be until just before your operation. The anaesthetist who looks after you on the day of your operation is the one who is responsible for making the final decisions about your anaesthetic. He or she will need to understand about your general health, any medication that you are taking and any past health problems that you have had. Your anaesthetist will want to know whether or not you are a smoker, whether you have had any abnormal reactions to any of the drugs or if you have any allergies. They will also want to know about your teeth, whether you wear dentures, have caps or a plate. Your anaesthetist needs to know all these things so that he or she can assess how to look after you in this vital period. Your anaesthetist may examine your heart and lungs and may also prescribe medication that you will be given shortly before your operation, the pre-medication or 'pre-med'.

Pre-medication is the name given to medication (drugs) given to you some hours before your operation. These drugs may be given as tablets or injections. They relax you and may send you to sleep. They are not always given.

Before your operation you will usually be changed into a gown and taken to the operating suite into an anaesthetic room. This is an ante-room outside the theatre. The anaesthetist, his or her assistant and nurses are likely to be present. An intravenous line (drip) may be inserted. Monitoring devices may be attached to you, such as a blood pressure cuff or a pulse oximeter. A pulse oximeter is usually a little red light in a small box, which is taped to your finger. It shows how much oxygen you have in your blood and is one of the vital monitors that an anaesthetist uses during your operation to ensure that you remain in the best of health. You may be given some oxygen to breathe.

During your operation

While you are unconscious and unaware your anaesthetist remains with you at all times. He or she monitors your condition and administers the right amount of anaesthetic drugs to maintain you in the correct level of unconsciousness for the period of the surgery. Your anaesthetist is constantly aware of your condition and trained to respond. Your anaesthetist will be monitoring such factors as heart rate, blood pressure, heart rhythm, body temperature and breathing. He or she will also constantly watch your need for fluid or blood replacement.

After your operation

You will probably be transferred to a recovery ward where specially trained nurses, under the direction of anaesthetists, will look after you. Your anaesthetist and the recovery nurses will ensure that all the anaesthetic effects are reversed and that you are closely monitored as you return to full consciousness. You may be given some oxygen to breathe in the recovery area, and may find that intravenous drips have been inserted whilst you are unconscious in theatre and that these will be replacing fluids that you might require.

You are likely to feel drowsy and sleepy at this stage. Some patients feel sick, others may have a sore throat related to the insertion of the breathing tube during surgery. During this time it is important that you relax as much as you can, breathe deeply, do not be afraid to cough, and do not hesitate to ask the nursing staff for any pain relief, and about any queries you may have. Once you are fully awake you will be returned to the ward, and if you are a day patient will be allowed to go to the waiting area to fully recover before you are accompanied home.

What are the risks of general anaesthesia?

In modern anaesthesia, serious problems are uncommon. Risks cannot be removed completely, but modern equipment, training and drugs have made it a much safer procedure in recent years. The risk to you as an individual will depend on; whether you have any other illness, personal factors (such as smoking or being overweight) or surgery which is complicated, long or done in an emergency. Please discuss any pre-existing medical condition with your anaesthetist.

- Very common and common side effects (1 in 10 or 1 in 100 people)
Feeling sick and vomiting after surgery, sore throat, dizziness, blurred vision, headache, itching, aches, pains and backache, pain during injection of drugs, bruising and soreness, confusion or memory loss.
- Uncommon side effects and complications (1 in 1000 people)
Chest infection, bladder problems, muscle pains, slow breathing (depressed respiration), damage to teeth, lips or tongue, an existing medical condition getting worse, awareness (becoming conscious during your operation).
- Rare or very rare complications (1 in 10,000 or 1 in 100,000)
Damage to the eyes, serious allergy to drugs, nerve damage, death, equipment failure.

Local Anaesthesia

In local anaesthesia the local anaesthetic drug is injected into the skin and tissues at the site of the operation. The area of numbness will be restricted and some sensation of pressure may be present, but there should be no pain. Local anaesthesia is used for minor operations. Usually a local anaesthetic will be given by the doctor doing the operation.

Please ask if you require this information in other languages, large print or audio format:
01223 216032 or patient.information@addenbrookes.nhs.uk

Potete chiedere di ottenere queste informazioni in altre lingue, in stampato grande o in audiocassetta.

Italian

若你需要本信息的繁體中文、大字體或音訊格式的版本，請要求索取。

Cantonese

तमने आ माळिती वीछ भाषाओमां, मोटा अक्षरोमां अथवा सांभजी शकाय जेवा माध्यम
(ओडीओ इमेज)मां जेठती छोय तो कृपा करीने पूछो.

Gujarati

تکایہ پرسیار بکے نہ گہر نہ وزانیاریہت دہوی بہ زمانیکی تر . بہ پیتی گہورہ یانیش بہ شیوہی دہنگ

Kurdish

آگر آپ کو یہ معلومات دوسری زبانوں میں، بڑے الفاظ کی اشاعت میں یا آڈیو ٹیپ پر درکار ہوں تو براہ مہربانی اس کیلئے درخواست کریں۔

Urdu



Addenbrooke's is smoke-free. Please do not smoke anywhere on the site.
For advice on quitting, contact your GP or the NHS smoking helpline free, 0800 169 0 169

Document History

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Consent form 1

Patient agreement to investigation or treatment

<p>For staff use only: Surname: First names: Date of birth: Hospital no: Male/Female: (Use hospital identification label)</p>
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Responsible health professional/job title

Special requirements
 (For example other language/other communication method)

Name of proposed procedure or course of treatment

Correction of a Morton's neuroma 2/3 3/4
Side (left/right).....

Statement of health professional

(To be filled in by a health professional with an **appropriate knowledge of the proposed procedure**, as specified in the Hospital's consent policy)

I have explained the procedure to the patient. In particular, I have explained:

- How it will be performed
- The intended benefits of the procedure
- Any serious or frequently occurring risks including those specific to the patient

.....
 • Any extra procedures that might become necessary during the procedure

- Blood transfusion
- Other procedure (please specify)

I have discussed what the treatment / procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient.

- The following information leaflet has been provided:
 Version/Date/Ref:

This procedure will involve:

- General and/or regional anaesthesia
- Local anaesthesia
- Sedation

Health professional's signature **Date:**

Name (PRINT): Job title:

Contact details (if patient wishes to discuss details later)

- I have offered the patient information about the procedure but s/he has declined information.

Important notes: (tick if applicable)

- The patient has withdrawn consent (ask patient to sign/date here)
- See also advance directive/living will

Statement of the interpreter (if appropriate)

I have interpreted the information to the best of my ability, and in a way in which I believe s/he can understand:

Interpreter's signature **Date:**

Name (PRINT):

Copy accepted by patient: yes / no (please circle)

For staff use only:
Surname:
First names:
Date of birth:
Hospital no:
Male/Female:
(Use hospital identification label)

Statement of patient

Please read this form carefully. If your treatment has been planned in advance, you should already have your own copy, which describes the benefits and risks of the proposed treatment. If not, you will be offered a copy now. Do ask if you have any further questions. The staff at Addenbrooke's are here to help you. **You have the right to change your mind at any time before the procedure is undertaken, including after you have signed this form.**

Training doctors and other health professionals is essential to the continuation of the Health Service and improving the quality of care. Your treatment may provide an important opportunity for such training, where necessary under the careful supervision of a senior doctor. You may, however, decline to be involved in the formal training of medical and other students without this adversely affecting your care and treatment.

Please read the following:

I understand that I will have the opportunity to discuss the details of anaesthesia with an anaesthetist before the procedure, unless the urgency of my situation prevents this. (This only applies to patients having general or regional anaesthesia.)

I understand that you cannot give me a guarantee that a particular person will perform the procedure. The person undertaking the procedure will, however, have appropriate experience.

I understand that any procedure in addition to those described on this form will only be carried out if it is necessary to save my life or to prevent serious harm to my health.

I have been told about additional procedures which may become necessary during my treatment. I have listed below any procedures that **I do not wish, without further discussion, to be carried out.**

I understand that any tissue (including blood) removed as part of the procedure or treatment will be anonymised and may be used for teaching or quality control, and stored or disposed of in a manner regulated by appropriate, ethical, legal and professional standards.

I understand that all research will be approved by a research ethics committee and undertaken in accordance with appropriate ethical, legal and professional standards.

I understand that the research may be conducted within a hospital, university, not for profit organisation or a company laboratory.

Please tick boxes to indicate you either agree/disagree to the three points below. **Yes** **No**

I agree that tissue (including blood) not needed for my own diagnosis or treatment can be used for **research which may include genetic research.** **If you wish** to withdraw your consent for the use of your tissue (including blood) for research, please contact the Patient Advice and Liaison Service at Addenbrooke's Hospital.

I agree to the use of photography for the purpose of diagnosis and treatment.

I agree to anonymised photographs being used for medical teaching.

I confirm that the risks, benefits and alternatives of this procedure have been discussed with me and I have read and understood the above and agree to the procedure (or course of treatment) on this form.

Patient's signature: Date:

Name (PRINT):

If the patient is unable to sign but has indicated his/her consent, a witness should sign below. Young people may also like a parent to sign here (see guidance notes).

Witness' signature: Date:

Name (PRINT):

Confirmation of consent (to be completed by a health professional when the patient is admitted for the procedure, if the patient has signed the form in advance)

On behalf of the team treating the patient, I have confirmed with the patient that s/he has no further questions and wishes the procedure to go ahead.

Signature..... Date:

Name (PRINT): Job Title:

