

Radiofrequency ablation for symptomatic interdigital (Morton's) neuroma

Information for the public

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What has NICE said?

There is not much good evidence about how well radiofrequency ablation for symptomatic interdigital (Morton's) neuroma works, but there are no major safety concerns. It should only be used if extra care is taken to explain the risks and extra steps are put in place to record and review what happens.

More research on this procedure is needed and NICE may look at it again if more evidence is published.

What does this mean for me?

Your health professional should fully explain what is involved in having this procedure and discuss the possible benefits and risks with you. In particular, they should explain the uncertainty about the evidence on how likely it is to improve your symptoms. You should

also be told how to find more information about the procedure. You should only be asked if you want this procedure after having this discussion. Your health professional should ask you if details of your procedure can be collected.

The condition

Morton's neuroma usually affects one of the nerves between the third and fourth toes. The nerve becomes thickened and compressed, which can cause severe pain and a burning sensation, tingling and numbness in the ball of the foot and the toes.

Treatment includes rest, taking painkillers, wearing different shoes or using a special insert (orthosis) in your shoe. Sometimes steroid or local anaesthetic injections may help. If these don't work, destroying the nerve by freezing it (cryoablation) or removing the nerve may be an option.

NICE has looked at using [radiofrequency ablation](#) as another treatment option.

NHS Choices (www.nhs.uk) may be a good place to find out more.

The procedure

This procedure is usually done as an outpatient procedure, under a local anaesthetic. A thin probe is inserted through the web of skin at the base of one of the toes and into the area where the nerve is affected. The probe is attached to a device that delivers pulses of radiofrequency heat energy, which damage the nerve and aim to reduce pain.

Afterwards, a steroid injection may be given to reduce pain and swelling. The person is advised to limit their walking for 1 or 2 days and take painkillers if needed. If necessary, the procedure can be repeated after a few weeks.

Benefits and risks

When NICE looked at the evidence, it decided that there is not much good evidence about how well this procedure works. The 5 studies that NICE looked at involved a total of 182 patients.

Generally, most patients reported the following benefits up to 6–10 months after the procedure:

- improved symptoms, including less pain in about 75% of patients
- satisfaction with the treatment.

In a study of 37 patients, most (84%) said that they would have the procedure again.

In 1 patient, symptoms came back 9 months after treatment, but were successfully treated. Some patients had no benefit and about 30% of patients in a study of 38 patients had surgery to remove the nerve.

The studies showed that the risks of radiofrequency ablation for Morton's neuroma included:

- infection in 1 patient
- nerve irritation in 1 patient
- a blood-filled swelling in 1 patient
- burns caused by incorrect positioning of the probe in 2 patients.

NICE was also told about some other possible risks: bruising, scarring around the nerve, and destruction of bone tissue.

If you want to know more about the studies, see the [guidance](#). Ask your health professional to explain anything you don't understand.

Questions to ask your health professional

- What does the procedure involve?
- What are the benefits I might get?
- How good are my chances of getting those benefits? Could having the procedure make me feel worse?
- Are there alternative procedures?

- What are the risks of the procedure?
- Are the risks minor or serious? How likely are they to happen?
- What care will I need after the procedure?
- What happens if something goes wrong?
- What may happen if I don't have the procedure?

About this information

NICE [interventional procedures guidance](#) advises the NHS on the safety of a procedure and how well it works.

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Accreditation

