



Advances in nerve pain treatment

Thousands of patients each year are afflicted with a nerve problem that leads to debilitating symptoms. Morton's Neuroma involves damage to the sensory nerve in the forefoot as a result of the use of dress shoes, athletic activity or occupational factors.

**ASK YOUR PHYSICIAN TODAY ABOUT THIS
ADVANCED FORM OF THERAPY**

Minimally invasive injection therapy virtually eliminates the need for surgery

The benefits of injection therapy

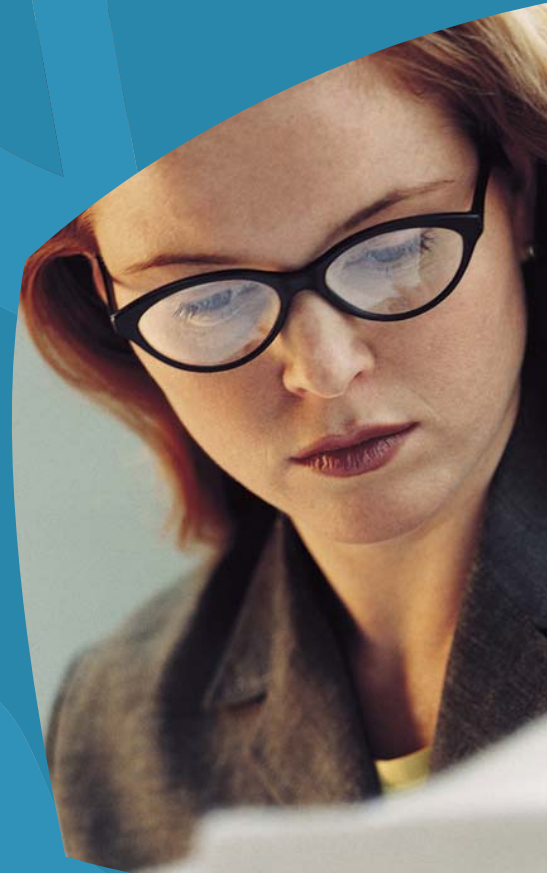
- eliminates the need for surgery in 90% of patients.
- a simple in office procedure .
- Cost effective therapy which saves the patient thousands of dollars in hospital costs.
- excellent therapy for the active patient as the injection therapy leads to minimal interference in occupational or athletic lifestyle
- FDA approved therapy covered by most insurance companies.



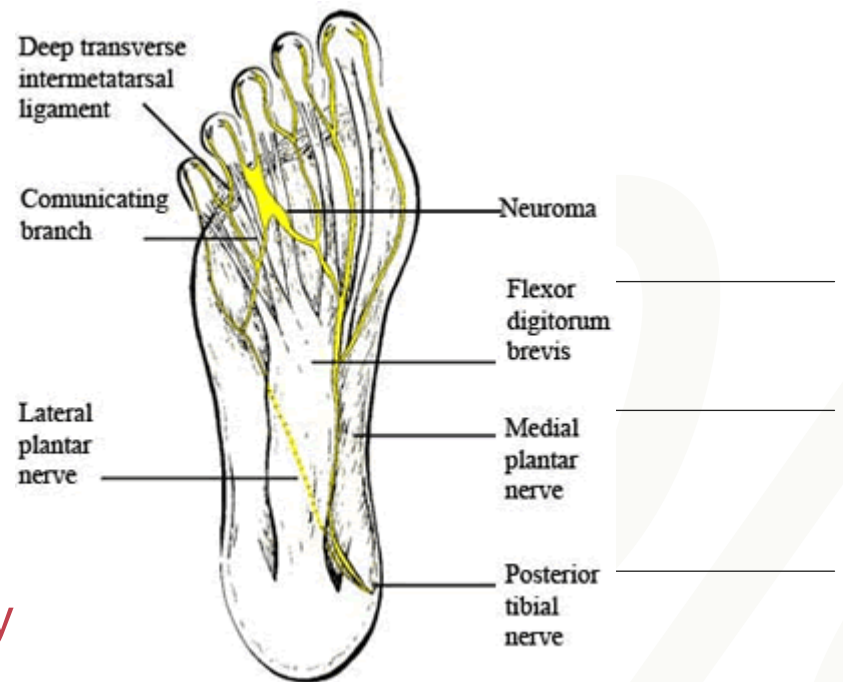
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Enhanced injection therapy for nerve pain



- This condition was first described by T. G. Morton in 1876. He used the more vague terminology of "metatarsalgia" to describe a painful condition in the ball of the foot. Pain is caused by pressure on the digital nerves as they pass between the heads of the metatarsal bones, most commonly between the third and fourth toes, and secondarily between the second and third toes. Patients often feel cramping, tingling or burning and occasionally shooting pains in their forefoot or toes. Many feel the need to remove their shoe to massage the painful area.



Advanced injection therapy speeds recovery

Surgical excision (neurectomy) to remove a neuroma is frequently done when cortisone injections, foot inserts and anti-inflammatory medication fail. However, surgery should be considered as a last option due to the associated risks such as infection, scar tissue or recurrence. Sclerosing (sometimes called alcohol surgery) can be a wonderful alternative to surgical excision. A special drug causes sclerosis of the nerve and hampers the nerve's ability to transmit painful impulses. The injections affect the nerve by causing a "short circuit", desensitizing the painful area with mild numbness. This is exactly the same result that we aim for with surgery!

Sclerosing therapy can be done in the office and often produces the same level of relief without the risks associated with surgery. More importantly, there are no restrictions on activity after the injections, as there would be with surgery. Patients can expect good results, as success rates are between 80-90%. In rare cases where the therapy was not successful, surgery is still an option.

Neuroma sclerosis requires a series of weekly injections.

After 3 injections, pre-treatment symptoms are reevaluated. If no improvement is noted, the series will be discontinued.

However, if some improvement is noted, then the series will be completed, up to a total of 7 injections.

