

National Institute for Health and Care Excellence

IP1285 – Radiofrequency ablation for symptomatic interdigital (Morton's) neuroma

Consultation Comments table

IPAC date: Thursday 15th October 2015

Com. no.	Consultee name and organisation	Sec. no.	Comments	Response
1	Consultee 1 NHS professional	General	<p>I have been directly involved with this procedure at [REDACTED] working very closely with [REDACTED] and [REDACTED] all interventional musculoskeletal radiologists. I introduced the procedure to the MSK Radiologists after a patient 2 years ago asked to have a procedure other than surgery for a painful Morton's neuroma.</p> <p>With the assistance of [REDACTED] and the ethical approval of Imperial College we started a prospective study which we hope to report on the final outcome next year as all the patients who participated would be more than two years hence following treatment with RFA. Our study was small 12 patients completed it, 3 converted to the traditional surgical procedure. In addition to this we have a time in motion study that includes the actual cost of the procedure.</p>	<p>Please respond to all comments</p> <p>Thank you for your comment. Section 1.3 of the guidance encourages further research on radiofrequency ablation for symptomatic Morton's neuroma. IPAC may review the guidance upon publication of new evidence in peer reviewed journals.</p>

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2	Consultee 2 NHS Professional	3.1	<p>The summary indicates that the procedure is performed under a local anaesthetic tibial block. However, the papers reviewed use a variety of techniques.</p> <p>The review indicates that the tibial block should be performed under US guidance. Whilst this provides good visualisation, it can be performed both anatomically or by the use of a nerve stimulator. Accepting that US guidance is a gold standard, there is little evidence to support any adverse events with the other techniques.</p>	<p>Please respond to all comments</p> <p>Thank you for your comment. See response to comment 3.</p>

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3	Consultee 2 NHS Professional	3.1	The technique indicates that the probe is inserted into the neuroma under image guidance and the modalities quoted are x-ray, fluoroscopy, US and MRI. It is not possible to be certain that the probe is in the nerve under x-ray or fluoroscopy, only to be sure that the probe is between the metatarsals and extends towards the plantar aspect. Some of the papers reviewed used the stimulation of the nerve to determine location but this would not be possible with the nerve block. It is highly unlikely that anyone would use MRI to guide the probe at this moment in time. US would be the gold standard if it is not possible to stimulate the nerve to guide location and would be required if performed under the quoted nerve block. The quoted procedure process as it stands is inconsistent with the processes reported and requires further research for clarification.	Please respond to all comments Thank you for your comment. Consultee highlighted some inconsistency in section 3.1 (procedure description). IPAC amended 3.1 as follows: Radiofrequency ablation (RFA) for symptomatic interdigital (Morton's) neuroma is a percutaneous treatment, which is usually done as an outpatient procedure using local anaesthetic techniques. Using imaging guidance, an RFA probe attached to a generator is inserted into the web space between the toes and into the area of the neuroma. Controlled pulses of radiofrequency energy are delivered, which cause thermal ablation of the nerve. After the procedure, a steroid injection is usually given to reduce pain and inflammation. Patients are discharged as soon as comfortable and advised to limit their walking for 1 or 2 days. Any pain is managed with analgesics. The procedure can be repeated if necessary after a few weeks.
4	Consultee 3 British Society of Skeletal Radiologists	1	The British Society of Skeletal Radiologists (BSSR) and The Royal College of Radiologists (RCR) have considered the consultation document on the safety and efficacy of radiofrequency ablation for symptomatic interdigital (Morton's) neuroma. The BSSR and RCR note that this conforms to the standard NICE guidance for procedures of inadequately proven efficacy and feel it is reasonable. I hope this is helpful and would be grateful if you would please acknowledge receipt. Thank you.	Thank you for your comment. The consultee agrees with the recommendations.

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