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HEALTH, BEAUTY & LIFESTYLE

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KATHY IRELAND

HER PERSONAL TREASURES-FAITH,
FAMILY & LIVING IN CONTRIBUTION

GET YOUR TOENAILS "SUMMER WORTHY"

A MULTITUDE OF TREATMENT
OPTIONS TO CURE TOENAIL FUNGUS

CONSULTING WITH YOUR DENTIST FOR YOUR AGING SKIN

LOSS OF TEETH & BONE CAN LEAD TO
SUNKEN CHEEKS & WRINKLES

OH, MY ACHING BACK

THE "GRASTON TECHNIQUE" MAY BE THE
ANSWER TO YOUR CHRONIC PAIN

ACHIEVING THAT

Perfect Body

THERMAGE CPT: A Non-Invasive
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BUNIONS AND HAMMERTOES: BE GONE!

To Have Surgery or Not To Have Surgery?
New Techniques Are Less Painful

MORE MODERN SURGICAL
TECHNIQUES UTILIZE SMALLER
INCISIONS AND LESS EXTENSIVE
SOFT TISSUE DISSECTION WHICH
IN TURN, MINIMIZES PAIN AND
HEALING TIME

My foot is really hurting today! This is a phrase many people utter daily without really giving it much further thought. People, especially women, often complain of achy feet, mainly due to painful bunions and hammertoes. Most of them postpone any medical care since they are not aware of what's available or they've heard that treatment, especially surgery, can be complicated and painful. This no longer is the case. New treatment approaches and surgical techniques allow for fewer complications and a less painful remedy.

One of the biggest concerns from patients is that foot surgery is very painful and even more painful than other surgeries. While pain is very much subjective, foot surgery isn't any more painful than any other surgery. In fact, with newer surgical approaches and postoperative management, patients often experience very little pain after the first 48 hours. These more modern techniques utilize smaller incisions and less extensive soft tissue dissection which in turn,

minimizes pain and healing time. Most patients find that the initial postoperative discomfort is tolerable with a dedicated pain management program that includes pain medications.

Bunions and hammertoes have become a more common condition these days. A bunion is a bump at the inner side of the foot at the big toe joint. In medical terminology, it is known as hallux abductovalgus. Hammertoes are contractures of the smaller toes and are often associated with a corn or callous. These deformities are progressive throughout life. They can be present from early teen years through any age. Bunions and hammertoes are hereditary, most often caused by an inherited faulty biomechanic structure of the foot. What is inherited is not the bunion itself but the foot type that makes a person prone to developing the condition. Factors such as shoe choices, weight, and activity level can also affect the development of these deformities.

There are various conservative methods of treating bunions and hammertoes. A change of shoes to a more accommodative and wider pair can help but often, especially for women, that's not practical. Pads placed over the area of the deformity may help minimize pain. Splinting devices might also help tem-

porarily. Orthotic devices can be utilized to slow or prevent the progression of a bunion. Also, anti-inflammatory medications and injection therapy is a sure way to alleviate the pain and swelling associated with a bunion or hammertoe. However, none of these treatments can reverse a bunion deformity.

Considering that bunions are a bony structural problem, the most effective treatment is a surgical one. People often postpone surgery due to certain misconceptions that are still widely present. While some of these factors might have been once true and might be still in some cases, for the most part, they are no longer applicable.

A very common misconception is that bunion or hammertoe surgery requires a long healing time, necessitating extended time off from work and use of crutches and casts. While this was the norm in the past, new technology allows patients to return to normal activities much more quickly. Today, the majority of patients having bunionectomies and nearly all hammertoe surgery patients can be weight bearing immediately after surgery in a protective walking boot. Recent technological advancements, especially in the area of bone fixation, allow for this. Usually, the patient can advance to sneakers in three



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weeks and to all activities by 6 weeks. Returning to work certainly depends on the job requirements—patients often return to desk jobs in two weeks whereas those working in physically demanding jobs may have to wait 6 weeks. It should be mentioned, however, that some severe or neglected cases do require the patient to be non-weight bearing for four to six weeks.

An unsightly scar is often cited as a deterrent by those considering bunion or hammertoe surgery. While scarring is often influenced by one's genetic makeup, there are several factors to consider in minimizing their visibility. Traditionally, a lengthy incision is made on the top of the foot but newer approaches require smaller incisions. Alternatively, an incision can be placed on the inside of the foot where it is not visible from the top. The same is true for incision placement for hammertoes as well. Also, plastic surgery type stitches can be utilized to greatly minimize scarring. So, gone are the railroad track scars!

A topic often debated is that of

the timing for bunion or hammertoe surgery. Usually, it was thought best to avoid surgery unless a bunion is very painful, but this is slowly changing. Since these deformities are progressive and worsen over time, it is sensible to address them earlier rather than later in life. There are also advantages to this since delaying surgery may lead to a worse condition that might require more aggressive procedures and longer recuperation. Also, recuperation from surgery is harder as one ages.

"Will my bunion come back after surgery?" This is a frequently asked question by those considering surgery. In most cases, patients will maintain their outcome of the surgery and are satisfied for the long term but recurrence is possible. Certain foot types, as with hypermobility or excessive motion of the foot joints, might be more prone to recurrence. These patients should pay closer attention to shoe choices and should consider the role of orthotics after surgery. Another reason for recurrence is having initially had the incorrect procedure performed.

Sometimes, a less than ideal procedure might be selected in favor of a short recuperation time but this could have implications later.

Surgery is a more common option these days and when done by the right professional, it can be a less daunting event. The results will allow you to experience a more fulfilling life without enduring the perpetual pain that the more conservative options cannot resolve. Discuss your options with a doctor, asking what would provide you with the best results. You should feel comfortable when making your decision for surgery. Ultimately, an individualized care plan that is unique to your needs is the one that should be created.

IMAGE

Dr. Joseph Alencherry is an associate of Foot and Ankle Surgeon of NY, with a state of the art facility located in New Hyde Park. For more information, visit www.faasny.com or call 516-492-3515.