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THE MAGAZINE FOR ENHANCED BEAUTY & WELLNESS

Complimentary Issue

FRAN DRESCHER

EMBRACING LIFE AFTER CANCER

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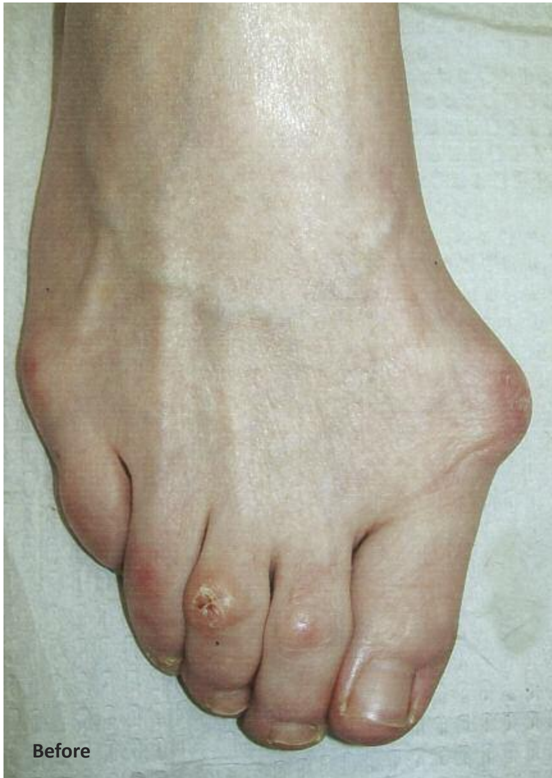
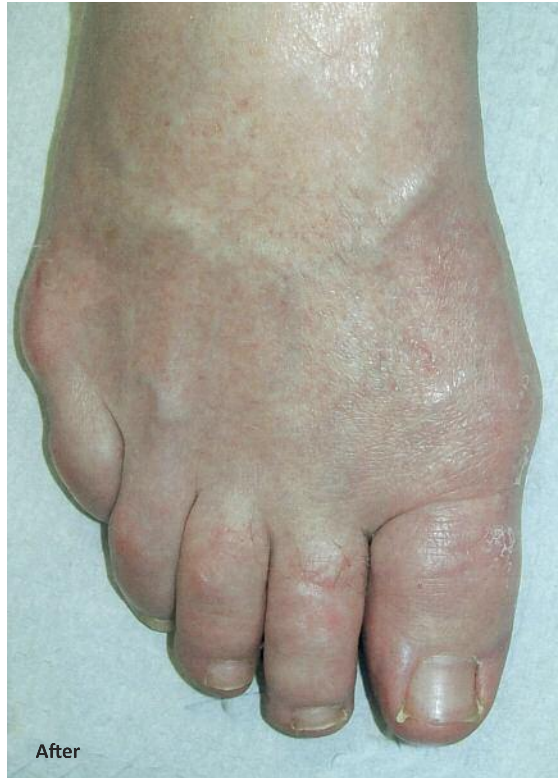
SPAS · NUTRITION · FOOT CARE · WEIGHT CONTROL · SKIN CARE

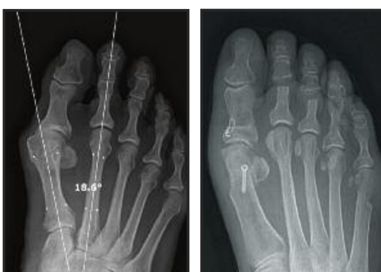

Before


After

CINDERELLA, YOUR GLASS SLIPPER IS WAITING

Advances in **Technology** and **Technique** Help Those Who **Suffer** From **Bunions**

BY PEDRAM HENDIZADEH, D.P.M., F.A.C.F.A.S



Before After

Delaying the surgery can cause other problems such as arthritis, cartilage destruction, or a hammer toe of the second toe

Do you have shoe envy? Are your friends able to get into 5-inch Manolos or Jimmy Choos and you can't even think about it? Do your feet hurt at the thought of an upcoming wedding or elegant evening event because you do not know which shoes will be least irritating? For years now, women have been subjected to wearing shoes that aren't necessarily the best for their feet; the well being of a woman's foot has taken a backseat to social norms and beauty. History has shown this with customs like Chinese foot binding,

You may be dealing with a wide foot caused by a bunion, bunionette, or both, called a splayfoot. Bunions are one of the most common orthopedic foot conditions that have created a great deal of frustration for many patients. Those who suffer from bunions are afraid to undergo the procedure to correct this unsightly, painful condition because they may have heard horror stories of the recovery. With today's advancements in surgical skills, screw technology, and post-op shoes the recovery period is shorter, less painful, and patients can walk can generally walk right after the procedure.

The medical term for a bunion deformity is Hallux Abducto Valgus. The problem starts with a mal-alignment between the Big toe and the metatarsal. This area behind the great toe can become red, swollen, and painful with and without shoes. Generally genetics have a big part in this, but tight shoes and high heels many times contribute and exacerbate the

problem as well.

Certainly surgery, called a bunionectomy, is the most definitive option, but before surgery in most cases conservative treatment options should be considered. Wider shoes, anti-inflammatory medications, cortisone injections, shoe inserts or orthotics, and bunion splints/pads may be utilized. Although they will not change the architecture of your foot they can make you more comfortable. Overall, conservative treatment options have little long-term benefits, but they can many times delay the need for surgery.

Over the years it has become evident that asking women to not wear high heeled shoes is simply unrealistic. That is why the bunionectomy procedure has become more popular. Here is a list of considerations when contemplating surgery:

1. Be sure to seek out a board certified foot surgeon who specializes in foot surgery. There are many doctors who do these procedures, but the ones that do at least 5 or 6 per month or greater than 500 cases in their career should be consulted with.

2. Ask the doctor what type of fixation he uses to hold the bone together. There several options. Years ago there was no fixation; the doctors just relied on a cast and let mother nature take over. The problem with this is that the bones may shift and it can take months before the bones actually heal. Later, wire fixation was utilized. This was an improvement in holding the bone, but bones could still shift as the wires do not allow for compression. In addition, the wires were many times placed through the skin and then removed in the office once the bones are healed. This increases the chances of infection.

The best fixation that is utilized today is a compressive screw. Screws allow for tighter fixation and the ability for you to walk sooner, usually right after the procedure in a boot. There is also less pain associated with screw fixation as the screw(s) are buried in the bone and they do not irritate the surrounding soft tissue. There is generally no need to have the screw removed. Recently Absorbale screws were made available. In theory they sound great, but they can cause some complications of their own.

3. Ask your doctor what he utilizes for post-op pain. Most patients should not need more than 5 to 10 Tylenol with codeine pills. Most doctors today give a small amount of injectable post-op anesthesia and steroids to give the patient long pain relief. Heavy narcotics such as Vicodin or Percocet are generally not necessary. Most patients can transition to Ibuprofen in just a few days.

4. Aggressively icing and elevating your foot for the first 3 to 4 days after the procedure really helps reduce your pain level, reduce your swelling, allows for increased flexibility in the joint, and enables you to return to normal activities much sooner.

5. You may ask the doctor if you can contact a few patients who have had it done to get a better idea of what to expect. Most doctors would be more than happy to give you a few references.

6. Be sure it is done under local anesthesia and sedation. There is absolutely no need for general anesthesia unless you want it.

What happens if you wait too long to have surgery? The

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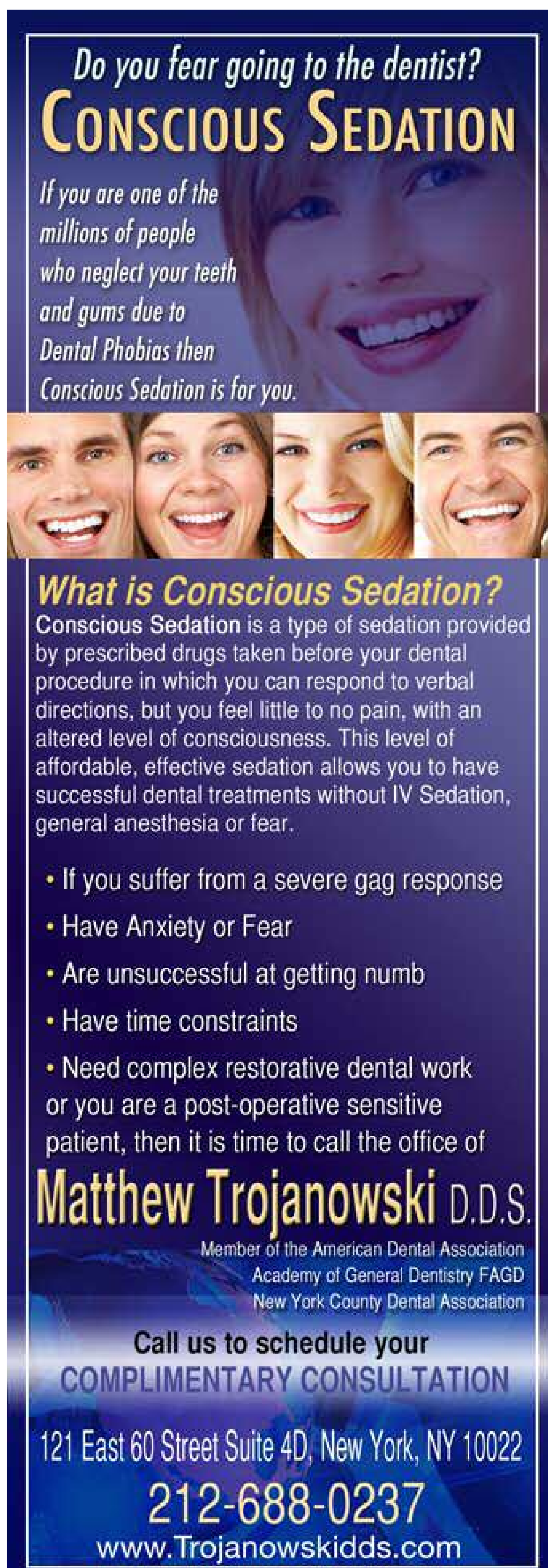

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BUNIONECTOMY

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good news is that the procedure is an elective procedure that you schedule at a convenient time. Unlike a ruptured appendix, or gall bladder, it is not an emergency that you need to attend to right away. However, delaying the surgery can cause other problems such as arthritis, cartilage destruction, or a hammer toe of the second toe, rupturing of the ligament under the second toe if the big toe pushes the second toe up and out of the way.

Overall, the bunionectomy has come a long way. It is a relatively simple procedure, and you can reduce your foot's width by 1 to 2 centimeters. It is done as an outpatient in the hospital or local surgery center and only takes 45 to 75 minutes. There are less complications today, there is less pain, and quicker recovery. More and more patients are electing to have it performed so that they can wear the shoes that they want. It is covered by almost all insurance plans and is considered medically necessary as long as your condition is painful. The bottom line is that there is no need to be in pain with the shoes you want to wear.

For more information on this condition consider visit www.GreatFootCare.com or www.LIFootcare.com. **IMAGE**

ORAL CANCER

{Continued from page 23}

virus, for instances, may also cause the formation of spots on the inner lining of the cheeks. Similarly, changes in the color of the gums may be associated with anemia or other blood disorders.

Your dentist or oral hygienist should look for changes or abnormalities during your regular check-up. Looking at your own mouth in the mirror can help with identifying some of the painless symptoms, like unusual red or white spots. Talk to your doctor or dentist if you are experiencing any mouth pain, toothaches, or have noticed differences on the inside of your mouth.

Diagnosis

When you have an oral exam, your dentist will check your mouth and throat. An oral exam includes looking carefully at the roof of your mouth, back of your throat, and insides of your cheeks and lips. Your dentist also will gently pull out your tongue so it can be checked on the sides and underneath. The floor of your mouth and lymph nodes in your neck are also checked.

If anything suspicious is found, a biopsy will be performed. A biopsy is the removal of a small piece of tissue to look for cancer cells. Usually, a biopsy is done with local anesthesia. A pathologist then looks at the tissue under a microscope to check for cancer cells. A biopsy is the only sure way to know if the abnormal area is cancer.

In Conclusion

To reduce your chances of getting oral cancer, try to eliminate, or at least reduce, the risk factors, consumption of tobacco and alcohol. And, regular screenings are essential in the early detection of an often symptomless and potentially life threatening disease.

SOURCE: National Institutes of Health, National Cancer Institute, www.cancer.gov **IMAGE**