

*Ronald S. Lepow, D.P.M.

*Gary M. Lepow, D.P.M., M.S.

*Randal M. Lepow, D.P.M.

Brian D. Lepow, D.P.M.

*Diplomates, American Board of Podiatric Surgery

Spring 2013

Lepow Podiatric Medical Associates

OFFICE LOCATIONS

Lepow Podiatric Medical Associates has five locations throughout Greater Houston, and our office hours are 8:30 a.m.–5:30 p.m.

Medical Center

St. Luke's Medical Tower
6624 Fannin, Suite 1690
Houston, Texas 77030
(713) 790-0530

Downtown

Medical Place One Building
1315 St. Joseph Parkway
Suite 930
Houston, Texas 77002
(713) 951-5000

Kingwood

Diagnostic Affiliates Building
22751 Professional Drive
Suite 240
Kingwood, Texas 77339
(281) 348-3338

Southwest

Memorial Hermann
Southwest Professional
Building
7777 SW Freeway #322
Houston, Texas 77074
(713) 772-9700

Spring

6225 FM 2920, Suite 100
Spring, Texas 77379
(281) 257-5554

Emerging technology now available to assist in the diagnosis and treatment of vascular disease and chronic wounds

By Brian D. Lepow, D.P.M

The diabetic foot presents many challenges due to the multitude of disease processes associated with a diabetic patient. Conditions such as neuropathy (numbness), peripheral arterial disease (poor circulation), infection, and poor blood-sugar control, along with the presence of a foot ulcer can lead to an increased rate of amputation among the diabetic patient population. The literature estimates there is upwards of a 23 percent lifetime risk of developing a foot ulcer, with more than 50 percent of these ulcers becoming infected and requiring hospitalization. Those who have had one amputation have a 68 percent increased risk of having another one in five years, with a mortality rate of 50 percent within five years following the initial amputation. Those who do survive may experience a reduced quality of life, a higher rate of chronic wounds, and an increased probability of an additional amputation.

There are many factors that can contribute to a foot ulcer. Underlying vascular disease is a common finding in individuals with long-standing diabetes, which can negatively affect the outcome for wound healing. Poor circulation alone is not the primary cause of a foot ulceration. The lack of blood flow to the foot, however, can delay or inhibit the proper healing of a wound, leading to an increased risk for infection and possible amputation.

Blood flow to the lower extremity should always be assessed before any surgical procedure is performed on a patient with diabetes. Multiple diagnostic, noninvasive (nonpainful) tests exist and can be useful in evaluating blood flow to the foot. These may include but are not limited to the ankle-brachial index (ABI), systolic toe pressures, duplex sonography, skin perfusion pressures

(SPP), and transcutaneous oxygen pressure (TcPO₂). On occasion other more invasive procedures such as an angiogram may be performed.

New technology named the LUNA Imaging System is now available and is being used by **Drs. Randal Lepow** and **Brian Lepow**. The procedure is used to assist surgeons in the real-time assessment of the blood flow to the skin where a wound may be encountered. The use of this technology may lead to a greater determination between good and bad tissue, which is critical for future planning in wound closure.

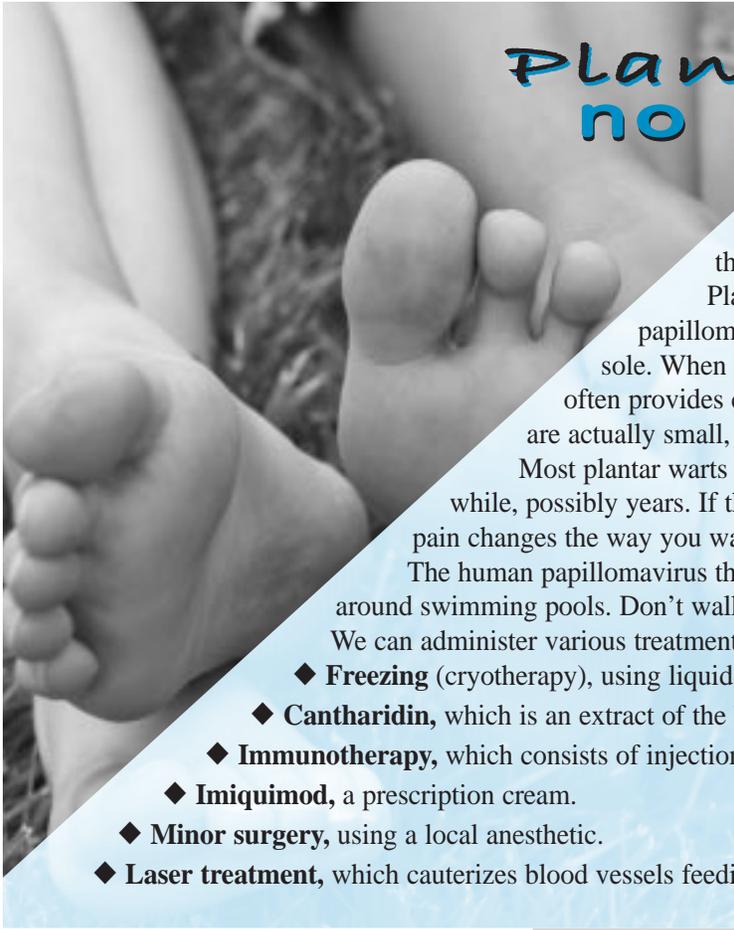
The system consists of an infrared camera, a laser light source, and a distance sensor. The procedure is performed by injecting indocyanine green (ICG), a nontoxic, water-soluble dye that is administered through a patient's IV. Once the ICG is injected, it binds to blood cell products, which help to contain it within the blood vessel system. ICG is taken up almost exclusively by the liver and does not clear through the kidney system; thus it is safe to use on those people with poor kidney function.

The benefit of this system is that it will provide patients with a relatively minimally invasive option to help determine the difference between good and bad tissue as well as assess blood flow to the extremities. When used together with a physician's clinical assessment, the LUNA system can be a useful adjunctive procedure to assist surgeons in determining the amount of tissue removal needed during a future procedure. It may also help to determine whether further vascular surgical procedures are needed to increase blood flow to an extremity in question.

*For more information,
please contact
Lepow Foot &
Ankle Specialists
to make an
appointment.*

**Thank you for all
your referrals.**

We appreciate them!



Plantar warts... no playing footsies

You're on the move (or maybe standing) and feel something bothersome on the sole of your foot—near the heel or on the ball of the foot. Might be a plantar wart.

Plantar warts are small, fleshy lesions caused by a type of human papillomavirus. The virus seeks entry through a crack, scrape, or cut on the sole. When located on a pressure point, the wart may grow inward; a thick callus often provides cover for this interloper. Black pinpoint spots may also be present, which are actually small, clotted blood vessels.

Most plantar warts resolve on their own, without treatment, but they may make you wait a while, possibly years. If they multiply, if you're diabetic (*never* self-treat a plantar wart), or if pain changes the way you walk, which shifts stress elsewhere, then it's time to see us.

The human papillomavirus thrives in warm, moist areas, such as locker rooms, shower floors, and around swimming pools. Don't walk barefoot in these areas.

We can administer various treatments to rid your foot of these nuisances:

- ◆ **Freezing** (cryotherapy), using liquid nitrogen.
- ◆ **Cantharidin**, which is an extract of the blister beetle, often paired with salicylic acid.
- ◆ **Immunotherapy**, which consists of injections to incorporate the body's immune system to attack the warts.
- ◆ **Imiquimod**, a prescription cream.
- ◆ **Minor surgery**, using a local anesthetic.
- ◆ **Laser treatment**, which cauterizes blood vessels feeding the wart, effectively starving it.

Foot and ankle issues can lead to low-back pain

Our body's parts are interconnected. When there's a problem in one area, the effects can be far-reaching. In the case of low-back pain, a person's feet and ankles may be intimately involved.

The feet and ankles are the foundation of our bodies. They absorb the impact of every step we take. When your arches raise and lower in the normal course of walking, the bones of your leg and thigh rotate inwards and outwards. When there's a problem with the feet or ankles, these rotations become excessive in an attempt to compensate. This can lead to increased pressure on the knee, the pelvis, the hips, and eventually the low back. Extra stress transforms into pain.

Maybe you've noticed a change in low-back pain when you wear a certain pair of shoes or when you walk barefoot.

If you are experiencing foot or ankle problems, don't think the discomfort is relegated to the feet and ankles alone. Other symptoms may eventually present themselves, such as low-back pain. Call us to tend to foot and ankle issues promptly, *before* they impact other areas.

In addition, proactive preventive-maintenance visits to our office can head off trouble before it starts. When posture and alignment of the lower body are corrected or maintained, that good vibe will follow the trail leading to the low back—if everything else is in good working order along the way.



Don't allow hammertoes to gain a foothold

A hammertoe is a bending of one or both joints of the “non-big” toes. The toe bends upward in the middle, then curls down, resembling a hammer. It may also invade the personal space of a neighboring toe. The raised part of the toe can cause pain from misalignment and friction, and pave the way for corns and calluses. Ease of walking is diminished, and compensating for the condition may shift pressure elsewhere, causing strain, pain, and fatigue.

Prominent causes of hammertoes are high heels and tight/narrow shoes that jam the toes against the front of the shoe or force them to overlap, preventing them from lying flat. Other instigators include heredity, a previously broken toe, and conditions causing nerve or muscle damage.

At first, a hammertoe is still flexible and may lie flat when the harassing footwear is tossed aside for the day. However, the tendons of the toe tighten and contract over time, leading to permanent stiffness of the toe.

Prevention is the best counter to hammertoes, but if one develops, don't hesitate to call us. We'll guide you in proper footwear selection, recommend orthotics or pads to relieve pressure and pain, or utilize a splint.

Delaying treatment is an invitation to surgery. If the toe has some flexibility, we'll make an incision to release the tendon. If the toe is rigid, we'll remove part of the bone to straighten the toe and possibly insert a pin to promote healing.

Nondietary gout triggers

Various foods can trigger gout attacks (e.g., red meat and alcohol), joint pain caused by the formation of razor-sharp uric acid crystals. However, most triggers are nondietary in nature:

Aspirin. Aspirin drives up uric acid levels. If you are taking aspirin to reduce the risk of heart disease, keep taking it. Just cut back on other triggers to make up the difference.

Dehydration. A lack of water elevates the concentration of uric acid in the blood, which might make your big toe, or other joints, unhappy.

Extra weight. Obesity stimulates the production of uric acid and blocks its excretion.

Diuretics. Diuretics flush water and salt from the system but block uric acid from getting to the kidneys for disposal.

Menopause. The level of estrogen, a hormone that aids the kidneys in excreting uric acid, dips during menopause, enabling uric acid to accumulate.

Crash dieting. Crash dieting is unhealthy for many reasons, but as it pertains to gout, fasting increases the amount of ketones (chemical by-products of fat breakdown) in the body. These compete with uric acid as far as excretion goes.

Injury. An injury can cause a small inflammatory response, which may serve as a catalyst for a gout attack.

Uncomfortable shoes. There's no direct link to gout, but uncomfy shoes are irritants. Think of it as badgering the big toe.

Family history. For better or worse, we're stuck with our family history. Roughly 20 percent of gout sufferers have it through heredity.

Image is everything

Podiatrists utilize various imaging tools to accurately assess foot and ankle health. Here are a few snapshots:



X-rays

X-rays help determine whether a bone is fractured or damaged by conditions such as arthritis or infection. They can also assess bone development, determine if fractures are setting properly, and detect foreign objects in the foot or ankle. X-rays emit minimal

amounts of radiation, so pregnant women are advised not to have them, especially in the first trimester.



MRIs

Magnetic resonance imaging incorporates a magnet and radio waves to produce excellent images of the soft tissue (muscles, tendons, and ligaments) and blood vessels of the foot and ankle. It's not always the best imaging method for bone. It often detects problems that other imaging tools cannot, and no radiation exposure is involved. The

downside is that it is more expensive, it takes 60–90 minutes to complete, and there are certain restrictions on who can get one.



CT scans

Computed tomography is a series of X-rays that take cross-sectional, three-dimensional images of the feet and ankles. It can more accurately portray the condition and exact location of tissue and bone than traditional X-rays. Radiation exposure

is slightly more than that of X-rays.



Ultrasound

This imaging method employs high-frequency sound waves to create images (think radar). It is generally utilized to evaluate soft tissue and nerves, and offers picture quality approaching that of MRIs. The big advantage of ultrasound over MRIs, CT scans, and X-rays is that it can be used while body parts are in motion—images can be

viewed “live.” There is no radiation involved.



From the offices of
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Brian D. Lepow, D.P.M.

Days & Hours

Mon. 8:30 a.m.-5:30 p.m.
Tues. 8:30 a.m.-5:30 p.m.
Wed. 8:30 a.m.-5:30 p.m.
Thurs. 8:30 a.m.-5:30 p.m.
Fri. 8:30 a.m.-5:30 p.m.



Thank you for putting your faith and trust in us to improve and maintain your foot and ankle health, and for referring others to us.

Your referrals are indeed a high compliment and something we take very seriously. It's the prime reason we are able to grow.



www.LepowFoot.com

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The information included in this newsletter is not intended as a substitute for professional podiatric advice. For your specific situation, please consult the appropriate health-care professional.

Please visit our website!

www.LepowFoot.com

When you visit our website, you'll be able to access important information about our practice, our services, and foot-health information.

➤ **THE DOCTORS**

Learn about the doctors of Lepow Podiatric Medical Associates.

➤ **SPECIALIZED SERVICES**

Learn about what we do in our office and community.

➤ **OFFICE LOCATIONS**

Learn where we are located and find easy directions.

➤ **COMMON DISORDERS**

Learn about foot and ankle problems and treatment options.

➤ **NEW PATIENT FORMS**

Save time completing your new patient information.

➤ **MEDICAL STORE**

Learn about medical products we recommend and how to order them.

➤ **ANIMATIONS**

See examples of surgical and nonsurgical procedures performed by our doctors.



Lepow Foot & Ankle Specialists

6624 Fannin, Suite 1690
Houston, TX 77030

"Commitment to the health of our patients and community is the cornerstone of our medical practice.

We believe that the care and concern for others enhances the quality of life for everyone."

